## P98000 38023

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/31/05

SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED



## **COVER LETTER**

Division of Corporations		
SUBJECT: Articles of Dissolution		
DOCUMENT NUMBER: 798000038023		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mame of Contact Person)		
Joseph A Spiriti Jr., P.A. (Firm/Company)		
12121 NE 16th Asense (Address)		
North Miami, F1. 33161 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person) at (305) - 244-1984  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\bigcup \\$35 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section		

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

12/31/05

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Video- It Productions, Inc.		
SECOND:	The document number of the corporation (if known): $P9800038033$		
THIRD:	The date dissolution was authorized: 12/29/05		
	Effective date of dissolution if applicable: 12/3/05  (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	Dissolution was approved by of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Signature: X S		
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	X CARLOS PEREZ  (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	Director (Title of person signing)		

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Video-I+ Productions, Toc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

1) Claimants Name, Address, Telephone, & Fax
a) Proof of Claim (ie: Judgement, lien etc.)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Attention: Carlos Perez
13308 Sw 62 Terrace
miami Florida 33183
· <b>)</b>

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

× ARLOS PEREZ

Printed Name of the Person Filing

Signature of the Person Filing