

N14000000 5247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

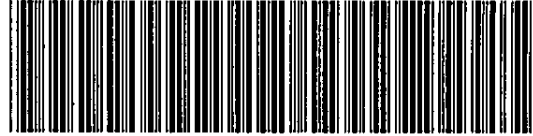
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/15--01011--019 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 16 AM 11:20

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3-16-15
ARM
3-5-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2015

EDUARDO MOSCARELLA
FREESELF INC
592 S. ANCHOR DRIVE
DELTONA, FL 32725

SUBJECT: FREESELF INC
Ref. Number: N14000005247

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15 MAR 16 AM 11:20
SECRETARIAT OF STATE
FALL ANCHOR, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida not for profit corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 515A00004595

March, 12, 2014

Ms.
Cheryl R. McNair
Regulatory Specialist II
Florida Department of State
Division of Corporation

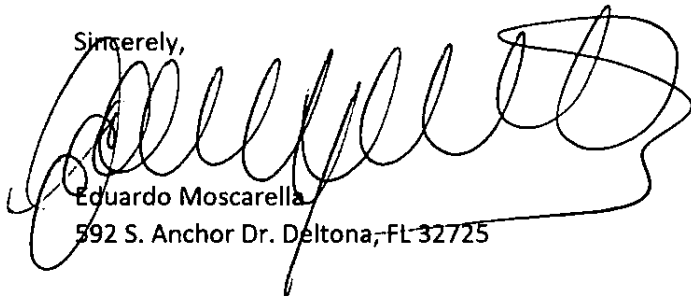
SUBJECT: FREESELF INC
Ref. Number: N14000005247

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thanks for your information, attached to this letter I am sending you properly filled form to the dissolution of FREESELF INC.

The check No. 2024 of JPMorgan Chase Bank for 35 dollars I send in the last occasion, I see that it was charged March 5th day of the 20015, If must be sent another check for the dissolution of the company please let me know, and I will do immediately.

Sincerely,



Eduardo Moscarella
592 S. Anchor Dr. Deltona, FL 32725

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FREESEIF INC.

DOCUMENT NUMBER: N14000005247

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo Moscarella
(Name of Contact Person)

FREESEIF INC
(Firm/Company)

592 S. ANCHOR DR.
(Address)

DETONA, FLORIDA 32725
(City/State and Zip Code)

For further information concerning this matter, please call:

Eduardo Moscarella at (407) 7339124
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 MAR 16 PM 1:54
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ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

FREESSELF INC

SECOND: The document number of the corporation (if known): N 14 00000 5247

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

The date of meeting of members at which the resolution to dissolve was adopted February 28, 2015. The number of votes cast by the members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

Signature:

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Eduardo Pozzarella
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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. 617.1407, F.S.

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

Name of Corporation: FRESE/F INC.

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:

THIS CORPORATION IS DISSOLVED BECAUSE
DID NOT HAVE ANY COMMERCIAL ACTIVITY
IN THE PERIOD IN WHICH IT WAS ACTIVE.

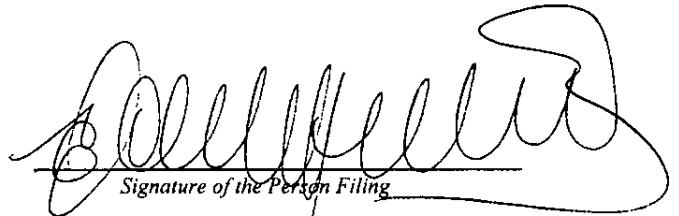
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

592 S. ANCHOR DR.
DELTONA, FL 32725.

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.

Edwardo Moscarella

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00