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(((H160002033373)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: MCDONALD HOPKINS CO., PA

Account Number : I20050000183

Phone

: (561)472-7510

Fax Number

: (561)472-2975

## DISSOLUTION OR WITHDRAWAL FLORIDA POLO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## ARTICLES OF DISSOLUTION

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:  Florida Polo, fnc.  The document number of the corporation (if known):			
SECOND:				
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable:  (no reore thus 90 days after dissolution file date)			
	In more this 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
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 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			
			(voling group)	
			S	Signature: Kindy Anuxan
		(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)		
	Randy AVERSANO			
	(Typed or printed name of person signing)			
•	President /CEO			
	( I I II O O DETION IN PRINCE)			

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#### 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: Horida Polo, Inc.	
Date of dissolution will be the date the dissolution is filed specified in the Articles of Dissolution.	with the Department of State or as
Description of information that must be included in a clai	m:
All claims must (a) be in writing, (b) delivered to the Company	at c/o Bruce Williams, 8295 N Military Trail, Suite C,
Palm Beach Gardens, Florida 33410, (c) set forth (i) the name of	and contact information for the claimant; (ii) the amount
of the claim; (iii) a description of the claim (including the agree	ement or event(s) giving rise to the claim and the date
of the claim); and (iv) copies of any invoice, contract, or any of	her document relating to or resulting in a claim.
Malling address where claims can be sent: (Claims cannot  [C. Bruce Williams  Bruce Williams, C.P.A.	be sent to the Division of Corporations)
8295 North Military Trail, Suite C	
Palm Beach Gardens, Fl. 33410]	
A claim against the above named corporation will be barre within 4 years after the filing of this notice.	d unless a proceeding to enforce the claim is commenced.
Randy Aversano, President	Reno & Overso
Printed Name of the Person Filing	Alguature of the Person Filing

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