L15000 135 924

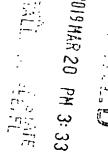
(Re	equestor's Name)			
(Address)				
(Ac	idress)	.		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
				

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F. WHITE APR 11 2019

COVER LETTER

TO:

Registration Section **Division of Corporations**

FINANCIAL TECHNOLOGY SOLUTIONS, LLO

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	(Name of Person)	
	(Firm/Company)	
21690 Abing	iton Court	
	(Address)	
BOCA RATO	ON, FL 33428	
······································	(City/State and Zip Code)	

For further inform

■ \$25.00 Filing Fee and Certificate of Dissolution

VLADIMIR KOROTKIY	414	324-3954
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

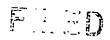
STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

☐ \$55.00 Filing Fee, Certificate of Dissolution &

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



i.	The name of a limited liability company is	2019 HAR 20 PM 3: 33					
	FINANCIAL TECHNOLOGY SOLUTIONS, LLC						
		TAULT WASE, FL					
2.	The Articles of Organization were filed on	and assigned					
	document number L15000135924						
3.	Note: If the date inserted in this block does not meet the applications and the same applications are the same applications.	ed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ne document's effective date on the Department of State's records.					
4.	A description of occurrence that resulted in the limited liab 605.0707, Florida Statutes, (copy 605.0707 on back cover l	oility company's dissolution pursuant to section etter).					
	Closed business.						
5.	If there are no members, enter the name and address of the	person appointed to wind up the company's					
	activities and affairs:						
li	Signature of an authorized person or if there are no membersted above to wind up the company's activities and affairs:	ers, the signature of the person appointed and					
	D. Kowotking VLA	DIMIR KOROTKIY					
Signature		Printed Name					

FILING FEE: \$25.00