

**FILED**  
**Jan 25, 2021**  
**Secretary of State**

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
JOSEPH HORSCHER, INC.

SECOND: The document number of the corporation: P02000081133

THIRD: The file date of the articles of incorporation: July 25, 2002

**FOURTH:** None of the corporation's shares have been issued.

**FIFTH:** No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

**SEVENTH:** A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOSEPH HORSCHEL PRESIDENT

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## **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.

Name of Corporation:

JOSEPH HORSCHER, 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:

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY CLAIMS AGAINST MY COMPANY: -CLAIMANT  
NAME -PROPERTY ADDRESS -CLAIMANT PHONE NUMBER AND EMAIL ADDRESS -REASON FOR  
CLAIM & COPY OF CLAIM IF AVAILABLE

Mailing address where claims can be sent:

509 BAHAMA DR  
INDIAN HARBOUR BEACH, FL 32937

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOSEPH HORSCHER

Electronic Signature of the Person Filing