PO2 000 133940

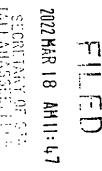
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
MAR 3 1 2022	

Office Use Only



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03/18/22: -01020--022 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Morrow Business Solutions In	corporated
DOCUMENT NUMBER: P02000133	940
The enclosed Articles of Dissolution	and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Christian Robin, Esq.	
(Nam	e of Contact Person)
Law Office of Christian Robin	
	(Firm/Company)
37512 Skyridge Circle	
	(Address)
Dade City, FL 33525	
(Cit	y/State and Zip Code)
For further information concerning thi	s matter, please call:
Christian Robin	at (813) 715-0565
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a	amount:
□ \$35 Filing Fee ■ \$43.75 Filing Fe Certificate of Sta	<u> </u>

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Morrow Business Solutions Incorporated
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: December 31, 2021
	Effective date of dissolution if applicable: (no more than 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:	Dissolution was approved by the shareholders, in the manner required by this charger and the articles of incorporation.
	Signature: (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)
	Christian Robin
	(Typed or printed name of person signing)
	President
	(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: Morrow Business Solutions Incorporated
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
December 31, 2021
(date filed with the Dept, if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
Name of Claimant, amount of Claim, date of Claim incurred, reason for Claim, Person incurring the Claim.
At this time, there are no known Claims or Claimants against this Corporation.
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Morrow Business Solutions Incorporated
5536 6th Street
Zephyrhills, FL 33542
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Christian Robin 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