

P030000013076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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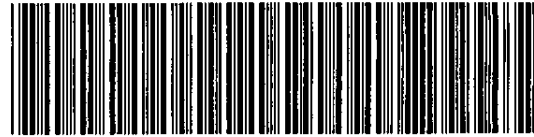
(Business Entity Name)

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DIVISION OF CORPORATIONS
12 MAR 16 PM 3:05

Att Dis
@ 3/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EQUINE AFFAIRS, CORP.

DOCUMENT NUMBER: P03000013676

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

Please return all correspondence concerning this matter to the following:

FABIANA B. INGOLOTTI

(Name of Contact Person)

EQUINE AFFAIRS, CORP.

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

ARTICLES OF DISSOLUTION

Pursuant to sections 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

P03000013676

FIRST: The name of the corporation is: **EQUINE AFFAIRS, INC.**

SECOND: The date dissolution was authorized: : **12/31/2011**

THIRD: 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 vote of the shareholders through voting groups.

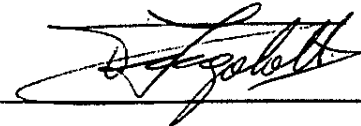
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The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve

The number of votes cast for dissolution was sufficient for approval by
..... (voting group)

Signed this 12 day of MARCH, 2012

Signature



OR

(By the Chairman or Vice Chairman of the Board, President, or other officer)

FABIANA B. INGOLOTTI

Name

PRESIDENT

Title