

P/5000039928

(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:

4th

Office Use Only



200282835452

RECEIVED
DEPARTMENT OF STATE
16 MAR 04 AM 9:11

RECEIVED
DEPARTMENT OF STATE
16 MAR -4 PM 3:33

VD w/Notice

MAR 10 2016

D CONNELL

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/4/16

NAME: HC SPORT HORSES

TYPE OF FILING: DISSOLUTION

COST: 43.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2016

FLORIDA FILING & SEARCH SERVICES, INC.
WALK-IN

SUBJECT: HC SPORT HORSES U.S. INC.
Ref. Number: P15000039928

We have received your document for HC SPORT HORSES U.S. INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 816A00004646

RECEIVED
DEPARTMENT OF STATE
16 MAR -9 PM 12:21

Please keep original file
date.

Thanks!

COVER LETTER

TO: Amendment Section
Division of Corporations
HC Sport Horses U.S. Inc.

SUBJECT: _____

DOCUMENT NUMBER: P15000039928

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

Please return all correspondence concerning this matter to the following:

Tamara Czartoryski
(Name of Contact Person)

HC Sport Horses U.S. Inc.

(Firm/Company)

23 a Lambrook
(Address)

London, SW66H, England
(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 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:
HC Sport Horses U.S. Inc.

SECOND: The document number of the corporation (if known): P15000039928

THIRD: The date dissolution was authorized: Jan 15 2016

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: 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.

(voting group)

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)

TAMARA

CZARTORYSKI

(Typed or printed name of person signing)

CZO

(Title of person signing)

16 MAR 04 AM 9:11
DEPARTMENT OF STATE
CORPORATE SERVICES
TALLAHASSEE, FLORIDA

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.

HC Sport Horses U.S. Inc.

Name of Corporation: _____

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:

NA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

23a Lambrook Terrace

SW26 6TE

London

England

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.

TAMAR A CZAPKOWSKI
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