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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: ___ D FLEUR STUDIO INC P21000030649 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YELIZAVETA SAPESHKA (Name of Contact Person) D FLEUR STUDIO INC (Firm/Company) 137 QUENTIN ROAD (Address) BROOKLYN, NY 11223 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 985-8439

(Area Code & Daytime Telephone Number) YELIZAVETA SAPESHKA (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401. Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

D FLEUR STUDIO INC	t of State:
SECOND: The document number of the corporation (if known): P21000030649	
THIRD: The file date of the articles of incorporation: 04/06/2021	
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 b to the shareholders, if shares were issued.	een distributed
SEVENTH: A majority of the incorporators or directors authorized the dissolution.	
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.)	
YELIZAVETA SAPESHKA	_
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of Person Signing)	

Filing Fee: \$35