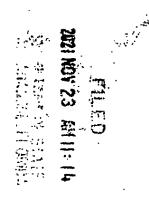
P21000084515

(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:





400374820034



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Desso Horse	s. Incfraudulently (reated
DOCUMENT NUMBER: P210	100084515 entity
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Joseph	Ontact Person)
(Name of C	ontact Person)
Private Individual	(Desso Horses: -fraudylent claim
(Firm	/Company)
14/794 Horsest	nue Trace
(Ad	dress)
Wellington FC (City/State	_ 33414 = = = =
(City/State	e and Zip Code)
For further information concerning this matt	
	at (561) 596-0251
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amour	ıt:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
= 1	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

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

	The name of the corporation as currently filed with the Florida Department of State:
FIRST:	Desso Horses Inc.
SECOND:	The document number of the corporation (if known): P21000084515
THIRD:	O(120121
	Effective date of dissolution if applicable:
	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 chapter and the articles of incorporation.
	MOV 23 ANTI-
	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)
	Joseph Szafaryn
	(Typed or printed name of person signing)
	Private individual not CEO as per fraudulent
	(Title of person signing) Clarm

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: Desso Horses, Inc.
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
effective immediately back to initial creation. (date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
It is my belief that this fraudulent claim is are attempt to steal my identity and possibly commit bank froud tax fraud etc. I have no affiliation with this company I did not authorize the opening of this company I gave no permission to use m name or address. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 14794, Horseshor Tr., Wellington TZ 33414
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.
OSenh, Szataryn Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed senarately \$35.00