P22000041370

(Requ	estor's Name)		
(Address)			
(Addr	ess)		
(City/S	State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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2024 MAY 21 PH 4: 04

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: <u>DISS</u>	<u>OLUTION OF RSN IN</u>	TERNATIONAL INC.		
DOCUMENT NU	MBER:		<u> </u>	
The enclosed Artic	cles of Dissolution and fo	ce are submitted for filing		
Please return all co	orrespondence concerning	g this matter to the follow	ing:	
	NEIL MCINT	YRE		
(Name of Contact Person)				
RSN INTERNATIONAL INC				
(Firm/Company)				
10264 PORTO ROMANO DR				
(Address)				
	MIROMAR LAK	ES FL 33913		
	(City/Sta	te and Zip Code)		
For further inform	ation concerning this mat	ter, please call:		
NEIL MCINTYR	LE.	at (239-319-8120		
(Name o	of Contact Person)		(Daytime Telephone Number)	
Enclosed is a chec	k for the following amou	nt:		
₩\$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 Addre	·ss:	Street Address:		

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

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 w RSN INTERNATIONAL INC.	with the Florida Department of State:
SECOND:	The document number of the corporation (if known	own): P22000041370
THIRD:	The date dissolution was authorized: MA	RCH 15, 2024
	Effective date of dissolution it applicable.	no more than 90 days after dissolution file date) applicable statutory filing requirements, this date will artment of State's records.
FOURTH:	Signature: (By a director, president or other officer - if directors of an incorporator - if in the hands of a receiver, trustee, that fiduciary)	2024 MAY 21 PH 4: 04 TALL ASSEEL FLORIUA or officers have not been selected, by
	NEIL MCINTYRE	
	(Typed or printed name of person signi	ng)
	DIRECTOR	
	(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: RSN_INTERNATIONAL_INC. The above named corporation is the subject of dissolution and the effective date of a dissolution is: 03/15/2024 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: NO KNOWN CLAIMS Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 10264 Porto Romano Dr., Miromar Lakes FL 33913 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. **NEIL MCINTYRE** Printed Name of the Person Filing

Signature of the Person Filing