

P220000079862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

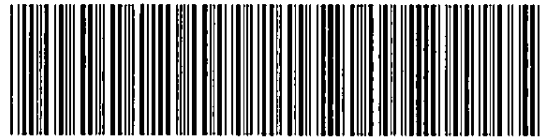
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** P22000079862

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

Please return all correspondence concerning this matter to the following:

Thomas R. Ritter

(Name of Contact Person)

HARHT, INC.

(Firm/Company)

4913 Terrapin Blvd

(Address)

Saint Cloud, FL 34771

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas R. Ritter

at (407-310-6060

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## 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: HARHT, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 9-08-2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Date of incorporation: 10-22-2022. Date dissolution was authorized: 08-01-2024. Effective date of dissolution: 09-08-2024

08-01-2024 at 8pm Thomas R. Ritter (president) and Annette M. Adams Ritter (vice president) was present, voted, and agreed

on dissolution. All share and profits will be dissolved and split 50/50 equally among: Thomas R. Ritter and Annette M. Ritter

All assets liquidated and all debts paid in full. Distribution of shares and profits occurred: 9-06-2024 at 8pm.

Authorized two voting members: Thomas R. Ritter, President and Annette Adams Ritter, Vice President

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

4913 Terrapin Blvd., Saint Cloud, FL 34771

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.

Thomas R. Ritter

Printed Name of the Person Filing



Signature of the Person Filing

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TALLAHASSEE, FL

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

## 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:

HARHT, INC

SECOND: The document number of the corporation (if known): P22000079862


THIRD: The date dissolution was authorized: 8-1-2024

Effective date of dissolution if applicable: 9-8-2024

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Thomas R. Ritter

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FL

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