P94000066929

(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:

Office Use Only



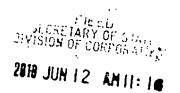
800314465398

06/12/18--01810--020 **\$2,50

SECRETARY OF SIGNATURE OF CORPORATION

JW 1 2018

COVER LETTER -



TO: Amendment Section Division of Corporations

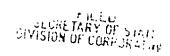
SUBJECT: DeSo	otoSod Inc.
DOCUMENT NU	JMBER:
The enclosed Arti	cles of Dissolution and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
Rafael Freytes	
	(Name of Contact Person)
DeSotoSod Inc.	
	(Firm/Company)
3250 NW Pearce st	
	(Address)
Arcadia Fl.34266	
	(City/State and Zip Code)
For further inform	ation concerning this matter, please call:
Rafael Freytes	at ()
(Name o	of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a chec	ek for the following amount:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) 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



2018 JUN 12 AM 11: 16

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: DeSotoSod Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	☐ The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH	Adoption of Dissolution (CHECK ONE)
	■ A majority of the incorporators authorized the dissolution.
	☐ A majority of the directors authorized the dissolution.
Sigr	(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.) Rafael Freytes
	(Typed or printed name of person signing)
	President
	(Title of Pap on 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: ______DeSoto Sod Inc. 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: All records of any unpaid debt Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 3250 NW Pearce St Arcadia FI34266 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. Rafael Freytes Signature of the Person Filing Printed Name of the Person Filing

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