P05000127336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

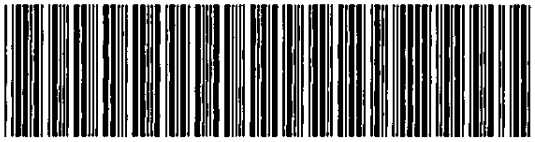
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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VD/WMF

FILED
07 APR -6 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts APR 10 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF TIKOTI INC

DOCUMENT NUMBER: P05000127336

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

Please return all correspondence concerning this matter to the following:

ARCHAN TIKOTI
(Name of Contact Person)

TIKOTI INC
(Firm/Company)

2634 KENDRICK CT
(Address)

WEST MELBOURNE, FL 32904
(City/State and Zip Code)

For further information concerning this matter, please call:

ARCHAN TIKOTI at (321) 720-3234
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

TIKOTI INC

SECOND: The document number of the corporation (if known): P05000127336

THIRD: The date dissolution was authorized: JAN 31, 2007

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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TALLAHASSEE, FLORIDA

FOURTH: Adoption of Dissolution (CHECK ONE)

☑ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____
(voting group)

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)

ARCHAN TIKOTI
(Typed or printed name of person signing)

Chairman & President
(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: TIKOTI 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:

WHAT IS THE NATURE OF YOUR CLAIM, WHEN DID YOU CONDUCT BUSINESS WITH TIKOTI INC. WHO WAS THE AUTHORIZED PERSON REPRESENTING TIKOTI INC

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

2634 KENDRICK CT
WEST MELBOURNE, FL 32904

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.

ARCHAN TIKOTI
Printed Name of the Person Filing

Signature of the Person Filing

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