1100000055667

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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16 DEC 13 PM 4:21 DIVISION OF GURPOPATICAS

O SIMMONS DEC 15 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2016

SHELLEY LINCOLN ****2ND MAILING*** 3347 STATE RD 7, STE 200 WELLINGTON, FL 33449-8148

SUBJECT: MATASAI LLC Ref. Number: L10000055667 RECEIVED

2016 DEC 13 PM 3: 19

SECRETARY OF STATE A

We have received your document for MATASAI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 316A00025572



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2016

SHELLEY LINCOLN 3347 SO STATE RD 7 WELLINGTON, FL 33449-8148

SUBJECT: MATASAI LLC Ref. Number: L10000055667 2016 NOV 28 PM 5: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MATASAI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Octavia I Simmons Regulatory Specialist II

Letter Number: 216A00024121

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DISSOLUTION OF (Name of Limited Lia	
The enclosed Articles of Dissolution and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the fol	lowing:
MATASAI	OR SHEKHAR SHARMA LLC
GFirm/Com 3347 So STATE (Addres (City/State and	RD 7, Suite 200 SFL 33449-8148
For further information concerning this matter, please call:	
SHELLEY LINCOLN (Name of Person)	at (<u>561</u>) <u>537–4803</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is		
	MATASAI LLC		
2.	The Articles of Organization were filed onand assigned		
	document number <u>L100000 S5667</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.	t be	
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	5 16 DEC	en ngang
	Dot of Business Out of Business Out of Business	$\overline{\omega}$	
	경기 	PH 4:	1
	S402	‡: 2 	No. of Street, or other Persons, or other Person
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: SHEKHAR V. SHARMA MD		
	3347 SO STATE RD 7, SUITE É	200	
	WELLINGTON, FL 33449-81	48	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:		
	SHEKHAR V. SHARM	A, M	10
	Signature Printed Name	/	

FILING FEE: \$25.00