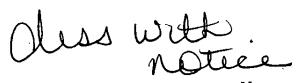
## 111000006432

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(5	in a Satitudia	
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
1		

Office Use Only



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02/23/12--01003--011 \*\*35.00



2/24/12

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLYTION
DOCUMENT NUMBER: N 11000006432
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAMTA TRIVEDI
(Name of Contact Person)
NAPLES LIVDIA GROUP, INC
(Name of Contact Person)  NAPLES INDIA GROUP, INC  (Firm/Company)  14677 BEAUFORT CIRCLE
NAPLES, FL 34119
(City/State and Zip Code)
For further information concerning this matter, please call:
ARUN MAHESHWARI at (856) 207-8859  (Name of Contact Person) (Area Code & DaytimeTelephone Number)
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED

2012 FEB 23 PM 4: 34

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

SEGRETARY OF STATE ANASSES FLORIDE

	the contract of the contract o
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  NAPLES INDIA GROUP, INC
SECOND:	The document number of the corporation (if known): N 11000006432
THIRD:	The file date of the articles of incorporation: $\frac{7/6/2011}{}$
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	The dissolution was authorized by a majority of the directors: OR
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Sign	ature:  (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	ARUN MAHESHWARI
	(Typed or printed name of person signing)
	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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	NAPLES	INDIA	GROUP,	INC
Date of dissolution will be specified in the Articles of		tion is filed with the	Department of Sta	te or as

Description of information that must be included in a claim:

1.	WHEN	INCURRE.	D ?		
	. WHO	AUTHORIZ	ED?		
3.	WHAT	SERVICES	OR	PRODUCTS	WERE
	PROVI	DED?			
Н	. AMOU	NT 7.			

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

<u> 19011</u>	BEHUFORT	CIRCLE	
NAPLES	, FL 341	19	

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.

ARUN MAHESHWARI

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