

PO1000085554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

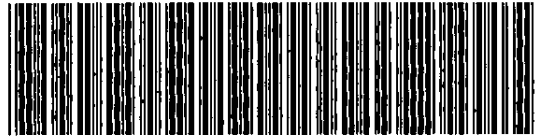
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200179958102

05/24/10--01057--025 **43.75

10 MAY 25 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DIS-
5/25/10
TL

HARBINDER BAWEJA

~~1243 N.W. 106TH AVE~~ 11681 NW 26 St.
PLANTATION, FL. 33322 ³

TELEPHONE: (954) 655-0909

04-15-10

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of TEJIKA, INC

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,


HARBINDER BAWEJA

ARTICLES OF DISSOLUTION

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is TEJIKA, INC
Corporate number: P01000085554
- SECOND: The articles of incorporation were filed on 08-27-01.
- THIRD: The date dissolution was authorized was 04-15-10.
- FORTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

Signed this 04-15-10.

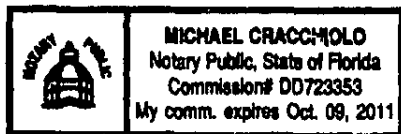
FURTHER AFFIANT SAYETH NAUGHT.

Harbinder Singh
AFFIANT/HARBINDER BAWEJA, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 18 day of May, 2010, by HARBINDER BAWEJA, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF** FLORIDA.

Witness my hand and seal at said county and state this 18 day of May, 2010

My commission expires



Michael Cracchio
Signature of Notary Public

Michael Cracchio
Printed Name