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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolition of Eda Maz Inc
DOCUMENT NUMBER: P0300031170
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oner Tugrul Frol (Name of Contact Person)
Firm/Company)
• • • • • • • • • • • • • • • • • • • •
5622 Wellester Pork Dr Apt #20
(
Boca Raton, FL 33433
(City/State and Zip Code)
For further information concerning this matter, please call:
Ahmet Suer at (706) 267 9725 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

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:
	Eda Naz, Inc.
SECOND:	The document number of the corporation (if known): PO300031170
THIRD:	The file date of the articles of incorporation: Morch 18, 2003
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.
Sign	ature: (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.) (Typed or printed name of person signing)
	(All and a state of the state o

Filing Fee: \$35