P04000/55807

(ESP.)
- William R Black & ASSO (Requestor's Name) .P)
(Requestor's Name) .P)
(Address)
1700 NE 26th St Suite 4
(Address)
Wilton marious, of 33305-
(City/State/Zip/Phone #) リリ30
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, , , , , , , , , , , , , , , , , , ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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January 11, 2011

WILLIAM R. BLACK, ESQ. WILLIAM R. BLACK & ASSOCIATES, PL 1700 NE 26TH STREET #4 WILTON MANORS, FL 33305

SUBJECT: DARVESH INC Ref. Number: P04000155807

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 211A00000870

COVER LETTER

Division of Corporations
SUBJECT: DARVESH QUC
DOCUMENT NUMBER: <u>POY 000 155807</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William R. Black, Esquire
William R. Black & Associates, Pl
(Firm/Company)
(Firm/Company) 1700 DE ZE & STREET & 4 (Address) (City/State and Zip Code)
(Address)
Wilton MANORS, 71 33305
(City/State and Zip Code)
For further information concerning this matter, please call:
Willia R By 11 (654) 571-2233
(Name of Contact Person) at (954) 561-2233 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

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



WILLIAM R. BLACK BLACKESQ@BELLSOUTH.NET

ATTORNEYS & COUNSELLORS AT LAW | ESTATE & WEALTH STRATEGIES PLANNING ADMITTED: FLORIDA & ILLINOIS January 17, 2011

Darlene Connell Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Davesh Inc

Ref. Number: P04000155807 Your Letter No.: 211A00000870

Dear Ms. Connell:

Enclosed please find the requested form.

Should you have any questions please do not hesitate to contact this office. I remain

William R. Black, Esquire

fr the firm

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: DARVESH INC				
D0.1000.1	55007			
DOCUMENT NUMBER: P040001	55807			
The enclosed Articles of Dissolution and f	ee are submitted for	filing.		
Please return all correspondence concernin	g this matter to the f	following:		
William R. Black, Esquire				
(Name of Contact Person)				
William R. Black & Associates, Pl				
(Firr	n/Company)			
1700 NE 26th Street, Suite 4	4			
(A	ddress)	_		
Wilton Manors, FL 33305-14	130			
	te and Zip Code)			
For further information concerning this ma	tter, please call:			
William R. Black	at (_954	561-2233		
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed is a check for the following amou	int:			
□\$35 Filing Fee \$\square\$\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	e & \$\sum \\$52.50 \text{ Filing Fee,} \\ Certificate of Status & \\ is \text{ 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	ent of S	tate:		
	Darvesh Inc				
SECOND:	The document number of the corporation (if known): P04000155807				
THIRD:	The date dissolution was authorized: December 15, 2010				
	Effective date of dissolution if applicable: (no more than 90 days after disso	lution file	date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for	· disso	olution	
	Dissolution was approved by the shareholders through voting groups	i.			
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	up enti	tled =		
	The number of votes cast for dissolution was sufficient for approval by	HASSET	JAN 21 A		
	(voting group)	FINALE .	AH 9: 52		
	Signature: (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)				
	Devkrishin Lalwani				
	(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. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Darvesh Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Name, Address, and Telephone Number of Claimant and the Amount
of the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Devkrishin Lalwani
853 N. Ft Lauderdale Beach Blvd
Ft Lauderdale, FL 33304

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.
Devkrishin Lalwani Devkrishin Lalwani

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

Signature of the Person Filing

Printed Name of the Person Filing