P050000676/3

(Red	questor's Name)	<u></u>
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(City	//State/Zip/Phone	e #)
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TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION OF SUKTECH INC
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAJ SUKHRAM (Name of Contact Person)
SUKTECH ON ON GOING
(Firm/Company)
107 ALEXANDRIA PL DR
(Address) APOPKA FL 32712
(City/State and Zip Code)
For further information concerning this matter, please call:
RAT SUKHRAM at (407) 394-5041 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\begin{array}{c} \$43.75 Filing Fee & \Boxed{\text{\$\subset}\$\$}\$
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Citys States and ∠ip, Gode) STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
	The place is
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SUKTEOH INC
SECOND:	The document number of the corporation (if known): P0500067613
THIRD:	The date dissolution was authorized: 0//0//>0//
	Effective date of dissolution if applicable: 01/0(/)00// (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by
	The second secon
	(voting group)
	SET
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	Signature: (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)
	OAT Criv 40 Am
	(Typed or printed name of person signing)
	- PRESIDENT
	(Title of person signing)

Filing Fee: \$35