

# P05000071355

\_\_\_\_\_  
(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

663-



800317577608

11/27/18--01005--006 \*\*10.00

01/02/19--01002--001 \*\*8.75

**FILED**  
2019 JAN -2 PM12:45  
CLERK OF STATE  
TALLAHASSEE, FL

C. GOLDEN

JAN - 7 2019

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION OF COMPANY

DOCUMENT NUMBER: PO 50000 71355

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMSON VADI  
(Name of Contact Person)

SAMSON VADI, INC  
(Firm/Company)

1759 NW 80TH AVENUE #J38  
(Address)

MARGATE, FL 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMSON VADI at ( 954 - 242-0543 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

↓  
CHECK ALREADY CLEARED FOR THIS    enclosing \$8.75

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2018

SAMSON VADI  
1759 NW 80TH AVENUE #J38  
MARGATE, FL 33063

SUBJECT: SAMSON VADI, INC.  
Ref. Number: P05000071355

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 718A00024380

RECEIVED  
2018 DEC 26 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2018

SAMSON VADI  
1759 NW 80TH AVENUE #J38  
MARGATE, FL 33063

SUBJECT: SAMSON VADI, INC.  
Ref. Number: P05000071355

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 718A00018423

RECEIVED

2018 NOV 19 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLES OF DISSOLUTION

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

FILED  
2019 JAN -2 PM 12:45  
DEPT. OF STATE  
TALLAHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SAMSON VADI INC.

SECOND: The document number of the corporation (if known): P05000071355

THIRD: The date dissolution was authorized: 8/29/2018

Effective date of dissolution if applicable: 8/29/2018  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

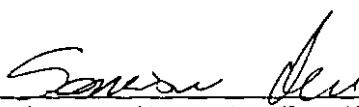
☐ Dissolution was approved by the shareholders through voting groups.

*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

1 SHAREHOLDER, 1 VOTE

(voting group)

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)

SAMSON VADI

(Typed or printed name of person signing)

President

(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: SAMSON VADI

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

HEALTH REASONS,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

SAMSON VADI  
1759 NW 80TH AVE # J38  
MARGATE, FL 33063  
\_\_\_\_\_

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.

SAMSON VADI   
Printed Name of the Person Filing Signature of the Person Filing