P05000107782

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COVER LETTER

TO: Amendment Section	•		
Division of Corporations	•		
SUBJECT: BALAJI, INC.			
DOCUMENT NUMBER: P0500010778	32		
The enclosed Articles of Dissolution and fee a	re submitted for filing.		
Please return all correspondence concerning the	is matter to the following:		
RAY G. FLORES CPA			
(Name of Con	tact Person)		
FLORES FLORES & GARG, P.A.			
(Firm/C	ompany)		
809 BEVERLY PKWY			
(Addre	ess)		
PENSACOLA FL 32505	•		
(City/State a	nd Zip Code)		
For further information concerning this matter,	please call:		
RAY G. FLORES CPA	at (850) 435-6845		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
· (A	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (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 of State:				
	BALAJI, INC.	_			
SECOND:	The document number of the corporation (if known): P05000107782				
THIRD:	The date dissolution was authorized: 04-11-2009				
	Effective date of dissolution <u>if applicable:</u> 04-11-2009 (no more than 90 days after dissolution)	tion file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes carwas sufficient for approval.	st for dis	solution		
	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	ARY OF S			
	(voting group)	STATE LORIDA			
	Signature: (By a director, president or other officer - if directors or officers have not been selected, be an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, be that fiduciary)				
	VASANTLAL DESAI				
	(Typed or printed name of person signing)	=			
	PRESIDENT				
(Title of person signing)					

Filing Fee: \$35