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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone

: (855)498-5500

Fax Number

: (800)432-3622

## DISSOLUTION OR WITHDRAWAL ROVASH INC.

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## **COVER LETTER**

	dment Section on of Corporations					
SUBJECT:	OVASH INC.					
DOCUMENT	NUMBER: P08000025411					
The enclosed A	articles of Dissolution and	fee are submitted f	or filin	g.		
Please return a	Il correspondence concerni	ng this matter to the	e follov	ving:	7. ST	2023
	SHMUE	L ITSKOVIČH			f-	2023 SEP 29
	(Name of	f Contact Person)			INLLAHASSAH FI	29 AM 10: 07
	(Fir	m/Company)			TO TO	<u>ö</u>
	17100 NORTH	BAY ROAD, UNIT 1	803		# <u>#</u>	07
	(/	Address)				
	SUNNY ISL	ES BEACH, FL 33160	3			
	(City/St	ate and Zip Code)				
For further info	ormation concerning this me	atter, please call:				
PHILIP MILMA	٧	at (		736-4438		
(Nan	ne of Contact Person)	(Area (	Code)	(Daytime Teleph	one Num	ber)
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Mailing Ade Amendment Division of ( P.O. Box 63 Tallahassee,	Section Corporations 27		Amer Divis The C 2415	t Address: Indinent Section Ion of Corporatio Centre of Tallahas N. Monroe Street hassee, FL 32303	isee t, Suite 8	10

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## 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 ROVASH INC.	ent of State:					
SECOND:	The document number of the corporation (if known):	SEP 2					
THIRD:	The date dissolution was authorized: September 29, 2023						
	Effective date of dissolution if applicable:	<u> </u>					
	(no more than 90 days after dissolution file daie)  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:	Dissolution was approved by the shareholders, in the manner required by the articles of incorporation.	y this chapter and					

Signature	(Dy-a diseaser 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)	
	SHMUEL ITSKOVICH	
	(Typed or printed name of person signing)	
	DIRECTOR	
-	(Title of person signing)	

Filing Fee: \$35