## P09000005764

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	_
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	١
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Co	proporations
DOCUMENT NUMBER: POQUOCOO S	764
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
David Gendal	
Name of Contact P  Poca Ration Montgo	
(Firm/Corkba	<b>\</b> \( \) \(
1069 Long Lake Dr	
Boca faton FC	33498
(City/State and Zi	Code)
For further information concerning this matter, pleas	e call:
(Name of Contact Person) at (	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifi	enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Bora Ratan Mortgage Corporation
SECOND:	The document number of the corporation (if known); PO9 00000 5764
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	No debt of the corporation remains unpaid.  The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:  (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.)
	Dovid Gendal
	(Typed or printed name of person signing)
	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. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Signature of the Person Filing