

PO9000009918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

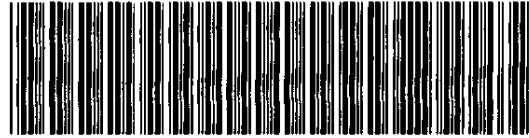
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6-8-10

April 16, 2010

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 33314

Dear Sirs:

Pursuant to section 607.1401 of Florida Statutes, we are requesting the dissolution of Seva Dharma Institute of Ayurveda, Inc., P09000009918, as a Florida for-profit corporation. The articles of dissolution and \$35 fee are attached.

Furthermore, we are also issuing an affidavit of non-revocation of dissolution and releasing the name to be used as a non-profit corporation. The affidavit is also attached.

Please return all correspondence concerning this matter to the following:

Zide Mooni
Seva Dharma Institute of Ayurveda, Inc.
10621 SW 88th Street, Suite 104
Miami, FL 33176

Telephone: 305-596-0858

Sincerely,



Zide Mooni
President

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:

Seva Dharma Institute of Ayurveda, Inc.

SECOND: The document number of the corporation (if known): P09000009918

THIRD: The file date of the articles of incorporation: 01/30/2009

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: 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.

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.)

Zide Mooni

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

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