## P0900069277

| (Requestor                              | s Name)               |  |
|-----------------------------------------|-----------------------|--|
| (Address)                               |                       |  |
| (Address)                               |                       |  |
| (City/State/2                           | Zip/Phone #)          |  |
| PICK-UP                                 | WAIT MAIL             |  |
| (Business E                             | ntity Name)           |  |
| (Document Number)                       |                       |  |
| Certified Copies Co                     | ertificates of Status |  |
| Special Instructions to Filing Officer: |                       |  |
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## **COVER LETTER**

| TO. Amendment Section                                                                                                                             |                                                                                                                                                         |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Division of Corporations                                                                                                                          |                                                                                                                                                         |  |  |  |
| SUBJECT: VIBHAVA SHREE INC                                                                                                                        |                                                                                                                                                         |  |  |  |
| DOCUMENT NUMBER: P09000069277                                                                                                                     |                                                                                                                                                         |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following: |                                                                                                                                                         |  |  |  |
|                                                                                                                                                   |                                                                                                                                                         |  |  |  |
| (Name of Conta                                                                                                                                    | act Person)                                                                                                                                             |  |  |  |
|                                                                                                                                                   |                                                                                                                                                         |  |  |  |
| (Firm/Company)                                                                                                                                    |                                                                                                                                                         |  |  |  |
| 9911 LIBERTY ROAD                                                                                                                                 |                                                                                                                                                         |  |  |  |
| (Addres                                                                                                                                           | s)                                                                                                                                                      |  |  |  |
| BOCA RATON - FL - 33434                                                                                                                           |                                                                                                                                                         |  |  |  |
| (City/State and                                                                                                                                   | d Zip Code)                                                                                                                                             |  |  |  |
| For further information concerning this matter, p                                                                                                 | please call:                                                                                                                                            |  |  |  |
| RAMASWAMY LAXMAN                                                                                                                                  | at (_561 ) 404-3057                                                                                                                                     |  |  |  |
| (Name of Contact Person)                                                                                                                          | (Area Code & Daytime Telephone Number)                                                                                                                  |  |  |  |
| Enclosed is a check for the following amount:                                                                                                     |                                                                                                                                                         |  |  |  |
| Certificate of Status Ce (Ac                                                                                                                      | 43.75 Filing Fee & S52.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy (Additional copy is 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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:   | The name of the corporation as currently filed with the Florida Departme                                                                                                                      | nt of S                                      | tate:           |                                       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------|---------------------------------------|
|          | VIBHAVA SHREE INC.                                                                                                                                                                            |                                              |                 |                                       |
| SECOND:  | The document number of the corporation (if known): P0900006927                                                                                                                                | <u>,                                    </u> |                 |                                       |
| THIRD:   | The file date of the articles of incorporation: 08-17-2009                                                                                                                                    |                                              | · <del></del> - |                                       |
| FOURTH:  | (CHECK AT LEAST ONE BOX)                                                                                                                                                                      | T                                            | O HAR I         | est.                                  |
|          | None of the corporation's shares have been issued.                                                                                                                                            |                                              | 0               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| •        | The corporation has not commenced business.                                                                                                                                                   |                                              | PH 12: 5        | į                                     |
| FIFTH:   | No debt of the corporation remains unpaid.                                                                                                                                                    | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1      | i.i             |                                       |
| SIXTH:   | The net assets of the corporation remaining after winding up have been dit to the shareholders, if shares were issued.                                                                        | stribut                                      | ed              |                                       |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)                                                                                                                                                           |                                              |                 |                                       |
|          | A majority of the incorporators authorized the dissolution.                                                                                                                                   |                                              |                 |                                       |
|          | A majority of the directors authorized the dissolution.                                                                                                                                       |                                              |                 |                                       |
| Sigr     | nature: Johnson E. S.                                                                                                                                                                         |                                              | •               |                                       |
| ~ •      | (By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | an incorp                                    | orator -        | if                                    |
|          | SMRITI L POPENOE  (Typed or printed name of person signing)                                                                                                                                   |                                              |                 |                                       |
|          | DIRECTOR                                                                                                                                                                                      |                                              |                 |                                       |
|          | (Title of Person Signing)                                                                                                                                                                     |                                              |                 |                                       |

Filing Fee: \$35