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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Pr¦one ≴)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special ∤nstructions to Filing Office
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Dissolution of Roya, Inc DOCUMENT NUMBER: P10000033814 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melinda L. Edwards (Name of Contact Person) Roya, Inc. (Firm/Company) 2986 Ocean Shore Blvd (Address) Ormond Beach, FL. 32176 (City/State and Zip Code) For further information concerning this matter, please call: Melinda L. Edwards (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET_ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

arsuant 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:
	Roya, Inc
SECOND:	The document number of the corporation (if known): P10000033814
THIRD:	The date dissolution was authorized: 8-11-2011
	Effective date of dissolution <u>if applicable:</u> 8-11-2011 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled:
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes east for dissolution was sufficient for approval by
	(voting group)
	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)
	Melinda L. Edwards (Typed or printed name of person signing)
	Director / Owner
	(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. Name of Corporation: Roya, Inc. 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) Melinda L. Edwards 2986 Ocean Shore Blvd Ormond Beach, FL. 32176 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. Melinda L. Edwards Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00