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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Narı	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 19 2016

R. WHITE

AVIDAGE OF SERVICE OF



August 9, 2016

JAHAN CHOWDHURY 1690 W AIRPORT BLVD SANFORD, FL 32773

SUBJECT: SMART GAS & CONVENIENCE, INC.

Ref. Number: P12000021331

We have received your document for SMART GAS & CONVENIENCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer/director must sign approving the dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 216A00016749

COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: ___ SMART GAS & CONVENIENCE, INC. **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAHAN CHOWDHURY (Name of Contact Person) SMART GAS & CONVENIENCE, INC. (Firm/Company) 1690 W Airport Blvd (Address) Sanford, FL 32773 (City/State and Zip Code) For further information concerning this matter, please call: JAHAN CHOWDHURY (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fec □ \$43.75 Filing Fec & □ \$43.75 Filing Fec & □ \$52.50 Filing Fec, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** 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 607.1403. 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: SMART GAS & CONVENIENCE, INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 07/28/2016			
Effective	Effective date of dissolution if applicable: 07/28/2016			
	(no more than 90 days after dissolution file date) 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:	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 to vote separately on the plan to dissolve:			
	The number of votes cast 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)			
	JAHAN CHOWDHURY			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(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: SMART GAS & CONVENIENCE, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
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)
440 VIA TUSCANY LOOP
LAKE MARY FL 32746
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.
JAHAN CHOWDHURY John Chowdhorn
Printed Name of the Person Filing Signature of the Person Filing