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2021 OCT 18 PH II: 56

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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Bajalia Group Inc.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julia Bajalia (Name of Contact Person)
·
Bajalia Group Inc (Firm/Company) 124 Capuler Dr. Ste. 104.105 (Address)
St. Augustine, FL 32092 (City/State and Zip Code)
For further information concerning this matter, please call:
Julia Bajália at 904) 563. 7983 (Name of Contact Person) (Area Code & Daytime Telephone Number)
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 Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

ARTICLES OF DISSOLUTION

2021 OCT 18 PM 4: 56

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:	
	Bajaria Group, Inc.	
SECOND:	The document number of the corporation (if known): PSCCC62450	
THIRD:	The file date of the articles of incorporation: 10 6 15	
FOURTH:	None of the corporation's shares have been issued.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.	
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.	
Signature: Alla Nick Bajalia		
(By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
(Typed or printed name of person signing)		
Wife of F Dece ASCD (Title of Person Signing)		

Filing Fee: \$35