## P 15000087262

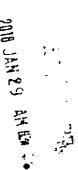
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000308296750

01/25/18--01018--027 ++35.00



78430 5013

## ' <u>COVER LETTÉR</u>

TO: Amendment Section Division of Corporations
SUBJECT: Corporation Dissolution
DOCUMENT NUMBER: \$\frac{15000087262}{}\$
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sal Arena
(Name of Contact Person)
2900 Hempstead Toke Rm 112
LUITOWN, MJ 1750 (Ciry/State and Zip Code)
For further information concerning this matter, please call:
Sal Avenu at (514 735 0754  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$252.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

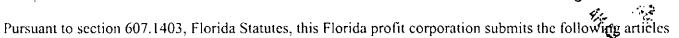
2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



of dissolution:



FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	PS Shanti OM SPA Inc.
SECOND:	The document number of the corporation (if known): P 150 0008726
THIRD:	The date dissolution was authorized: $\frac{12/26/16}{}$
	Effective date of dissolution if applicable:
	(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 wil 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
	Salruture Arena
	(voting group)
	Signature:
	(By a diffector, president or other officer - if directors or officers have not been selected, by an interpretator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Salvatore Avena (Typed or printed name of person signing)
	President (Title of person signing)