## PMaapyst 00

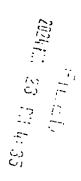
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## **COVER LETTER**

Division of Corporations		
SUBJECT:		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fo	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following	ng:
KSANA WALLACE		
(Name of C	Contact Person)	
JASANA DISTRIBUTIONS, INC.		
(Firm	n/Company)	
7458 NW 17TH DR		
(Ac	ddress)	
PEMBROKE PINES, FL 33024		
(City/Sta	te and Zip Code)	-
For further information concerning this mat	tter, please call:	
KSANA WALLACE	954-802-4900 at (	•
(Name of Contact Person)	(Area Code) (	Daytime Telephone Number)
Enclosed is a check for the following amou	ent:	<b>.</b>
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



of dissolution:



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles



The name of the corporation as currently filed with the Florida Department of State: FIRST: JASANA DISTRIBUTIONS, INC. P17000048600 The document number of the corporation (if known): SECOND: The date dissolution was authorized: \_ THIRD: 12/31/2023 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 will not be listed as the document's effective date on the Department of State's records. Dissolution was approved by the shareholders, in the manner required by this chapter and FOURTH: the articles of incorporation. 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 (iduciary) KSANA WALLACE (Typed or printed name of person signing) PRESIDENT (Title of person signing)

Filing Fee: \$35