P2000056111

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Corporate Dissolut	tion	
DOCUMENT NUMBER: P2 00 0005	56111	
The enclosed Articles of Dissolution and f	ee are submitted for filia	ng.
Please return all correspondence concerning	g this matter to the follo	wing:
	on Ovta	
(Name of	Contact Person)	
Nivvan (Firr	a State of M n/Company)	ind INC
5221 500 7H	ddress)	FL 33134
Miani	FL 33134	
(City/Sta	FL 33134 te and Zip Code)	
For further information concerning this ma	tter, please call:	
Melissu Orta	at (<u>786</u> 79	59 3405
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div The	eet Address: endment Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810

Tallahassee, FL 32303

	ARTICLES OF DISSOLUTION FILED		
Pursuant to of dissolutie	section 607.1403, Florida Statutes, this Florida profit corp edation Rup நா ருர்கு follo wing articles on:		
	SECRETANT OF STATE TALLAHASSEE, FL		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Nivvana State of Mind INC		
SECOND:	The document number of the corporation (if known): P20000056111		
THIRD:	The date dissolution was authorized: $03/09/2021$		
	Effective date of dissolution if applicable: 03/09/20 3/		
	(n6 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:	Dissolution was approved by the shareholders, in the manner required by this chapter and 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 fiduciary)		
	Melissa Outa		
	(Typed or printed name of person signing)		
	Officer/Director (Tiple of person signing)		
	(Title of person signing)		