

P21000064055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

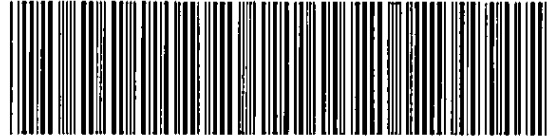
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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300421349473

*dissolution*

01/23/24--01002--011 \*\*35.00

A. RAMSEY  
JAN 24 2024

RECEIVED  
2024 JAN 23 AM 11:29  
FILED  
2024 JAN 23 AM 9:24  
CLERK OF COURT  
JAN 24 2024

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 1/23

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**DISSOLUTION**

**1. SEIJANOVA, INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEIJANOVA, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P21000064055  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irina Roth Neumann, Esq.  
\_\_\_\_\_

(Name of Contact Person)

Roth Private Advising Law  
\_\_\_\_\_

(Firm/Company)

1000 Brickell Ave., Suite 1100  
\_\_\_\_\_

(Address)

Miami, FL 33131  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Irina Roth Neumann, Esq.  
\_\_\_\_\_

at ( 305 ) 798-8878

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

## ARTICLES OF DISSOLUTION

2024 JAN 23 AM 9:24

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:  
SEIJANOVA, INC.
- SECOND: The document number of the corporation (if known): P21000064055
- THIRD: The file date of the articles of incorporation: 07/13/2021
- 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: Ailin Panayiotou  
Ailin Panayiotou (Jan 22, 2024 10:41:51)  
(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.)

AILIN PANAYIOTOU

(Typed or printed name of person signing)

CEO

(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: SEIJANOVA, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 01/22/2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

A brief description of the nature of the claim, claimant's full name and mailing address, the amount of the claim,  
the date the claim was incurred and copies of any supporting documentation.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

21724 HAMMOCK POINT DR, BOCA RATON, FL 33433

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.

AILIN PANAYIOTOU

Printed Name of the Person Filing

Ailin Panayiotou  
Ailin Panayiotou (Jan 21, 2024 15:41 EST)

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**