P240000538aa

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COVER LETTER

TO: Amendment Section Division of Corporations NOVA SAP, INC. SUBJECT: P24000053822 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alex Tirado-Luciano, Esq. (Name of Contact Person) Tirado-Luciano & Tirado, PA (Firm/Company) 2655 LeJeune Rd., Suite 1109 (Address) Coral Gables, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: Alex Tirado-Luciano (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 Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Dep NOVA SAP, INC.	artment of State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: November 15, 2024				
	Effective date of dissolution if applicable: (no more than 90 days after	r dissolution (ile date)			
	Note: If the date inserted in this block does not meet the applicable statutory filinot be listed as the document's effective date on the Department of State's record	ng requirements, this date will			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
	Signature:	FILED 2024 NOV 20 AM II: 37 SECREDARY OF STATE ALL ARASSI ELFLORINI			
	(By a director, president or other officer - if directors or officers have not been so an incorporator - if in the hands of a receiver, trustee, or other court appointed fic that fiduciary)	elected, by			
	Zahid Mitha				
	(Typed or printed name of person signing)				
	President				
•	(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:___ The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: 1. The name, address and telephone number of the creditors. 2. The nature of the debt. 3. The date the debt was incurred. 4. Any documentation in support of the debt. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Tirado-Luciano & Tirado, PA 2655 LeJeune Rd., Suite 1109 Coral Gables, FL 33134 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.

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

Alex Tirado-Luciano

Printed Name of the Person Filing

Signature of the Person Filing