

P97000051129

(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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06 JAN 10 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOLDS w notice  
DEC 11/17/06



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are forms for filing **Articles of Dissolution** to dissolve a **Florida profit** corporation.

**SUBMIT ONLY ONE FORM**

**Section 607.1401, Florida Statutes, provides for the dissolution of a corporation that has not issued shares or commenced business.**

**Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.**

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

**NOTE:** A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

**FEES:**

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

For further information, you may contact the Amendment Section at (850) 245-6050.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution for Narayan Inc

**DOCUMENT NUMBER:** P97000051129

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

Please return all correspondence concerning this matter to the following:

PRITI D. PATEL  
(Name of Contact Person)

NARAYAN INC  
(Firm/Company)

12532 ASH HARBOE DR  
(Address)

JACKSONVILLE, FL 32224  
(City/State and Zip Code)

For further information concerning this matter, please call:

PRITI D. PATEL at ( 904 ) 641-5142  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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 Department of State:

Narayan Inc

SECOND: The document number of the corporation (if known): P97000051129

THIRD: The date dissolution was authorized: 12-31-05

Effective date of dissolution if applicable: 12-31-05  
(no more than 90 days after dissolution file date)

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 of 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

\_\_\_\_\_  
(voting group)

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)

Prin D. PATEL

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA

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: Narayan Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name & Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

12532 ASH HARBOR DRIVE  
JACKSONVILLE, FL 32224  
\_\_\_\_\_  
\_\_\_\_\_

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.

PRITI D. PATEL  
Printed Name of the Person Filing

P. Patel  
Signature of the Person Filing