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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL LEXCEL SOLUTIONS, INC.

| Certificate of Status | • |
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3/7/2011 27-8-4

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| • | |
| SUBJECT: Loxcel Solutions, Inc. | |
| | (Name of Corporation) |
| DOCUMENT NUMBER: | |
| The enclosed withdrawal application a | and fee are submitted for filing. |
| Please return all correspondence concern matter to the following: | ning this |
| Bouty Steffens | |
| | (Name of Person) |
| Lexuel Solutions, Inc. | |
| | (Firm/Company) |
| 4110 N. Scottsdale Road, #310 | |
| <u> </u> | (Address) |
| Scottsdale, AZ 85251 | |
| | (City/State and Zip code) |
| For further information concerning this | matter, please call: |
| Flora Kubitz | at (480) 429-2084 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| | |

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

MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

FLORE - SUBJECT System Children



AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| (Manie of Corporation) | , | |
|--|---|--|
| F0700000 2106 | | |
| (Document Number of Corporation | (if known) | |
| | | |
| Arizona (Incorporated Under Laws | | |
| functioned prints risks | | |
| This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a | | |
| This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo | based on a cause of action arising during the | |
| The following is a current mailing address for the corporation: | | |
| - | | |
| 4110 N. Scottschle Road, #310 (Mailing Address) | | |
| (semined translated) | | |
| Scottsdale, AZ 85251 | | |
| (City/ State /Zip) | | |
| The corporation agrees to notify the Department of State in the fun | re of any change in its mailing address, | |
| Maradules | 3/04/11 | |
| Signature of a director, proactest or white frieer - It is the bands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) | |
| Flora Kabiaz | CFO | |
| (Typed or printed name of person signing) | (Tiple of posson signing) | |
| | | |

FILING FEE \$35

Lexcel Solutions, Inc.