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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ARF PROS LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robin Shapiro (Nami of Person) ARF PROS LLC (Firm/Company) 131 Pine Ridge Trail (Address) Madison WI 53717 (Crity/State and Zip Code)
For further information concerning this matter, please call: Robin Shopiro at (941, 586-6348) (Name of Person) at (441, 586-6348)
Enclosed is a check for the following amount:
\$25,00 Filing Fee and Certificate of Dissolution \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is ARF PROS LLC
2. The Articles of Organization were filed on 7,9,2010 and assigned
document number <u>L1000072750</u>
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) 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.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707. Florida Statutes, (copy 605.0707 on back cover letter). ESM Factory is no longer manufacturing product and shipping cost for any other overseas product line cost prohibitive, also manufacturing very limited unfortunately. 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Robin Shapiro 131 Rine Rober Trail 158
6. Signature of an authorized person or if there are no members, the signature of the person appointed and liste above to wind up the company's activities and affairs:
Deu Shapiro Robin Shapiro
Signature Printed Name

FILING FEE: \$25.00