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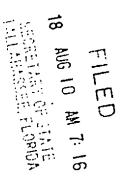
(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Aril, 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:			
Vasile Faklis			
(Name of Person)			
Aris, LLC			
(Firm/Company)			
139 East Tarpon Avenue			
(Address)			
Tarpon Springs, Florida 34689			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Vasile Faklis (Name of Person) at (727) 938-1525 (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
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/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Aris, LLC		
2.	The Articles of Organization were filed o	October 19, 2012 and assigned	
	document number 1.12000133217		
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 listed as the document's effective date on the Department of State's records.		
4.	. A description of occurrence that resulted 605.0707. Florida Statutes. (copy 605.070	in the limited liability company's dissolution pursuant to section of on back cover letter).	
	Dissolving Aris, LLC due to going out of bus	iness. All Liabilities have been satisfied.	
5.	If there are no members, enter the name a activities and affairs:	and address of the person appointed to wind up the company in	
6. lis	Signature of an authorized person or if the sted above to wind up the company's activ	ere are no members, the signature of the person appointed and ities and affairs:	
Va	wile A. Jush	Vasile Faklis	
Signature		Printed Name	

FILING FEE: \$25.00