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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL

MAX GATEWAY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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2008 DEC 31 PM 3: 23

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the tolerapy and the of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	MAX GATEWAY, INC.	
SECOND:	The document number of the corporation (if known): P00000020872	
THIRD:	The date dissolution was authorized: 12/31/2008	
	Effective date of dissolution if applicable: Date of Filing of these Articles (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 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)	
5	Signature: Musual	
	(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)	
	JACK AZOUT	
•	(Typed or printed nume of person signing)	
	PRESIDENT	
•	(Title of person signing)	

Filing Fee: \$35

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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 filling a voluntary dissolution.

Name of Corporation: MAX GATEWAY, 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: Sufficient information reasonably to inform the Corporation of the identity of the clalmant and the substance of the claim Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) P.O. BOX 630817 **MIAMI FL 33163** 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, JACK AZOUT, PRESIDENT Printed Name of the Person Filing

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