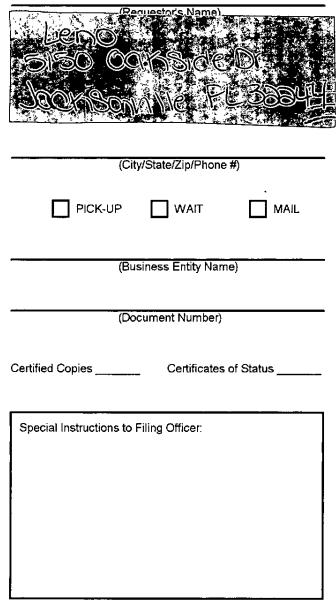
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SECRETARY OF STATE
SECRETARY OF STATE

Th 1-9-11

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of Corporation		
DOCUMENT NUMBER: P03000 15560		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Amanda-Maria Resson) Name of Contact Person)		
Amorican Southern Rating Inc. (Firm/Company)		
5150 Oakside Dr. (Address)		
Jacksonvill Ft 32244 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (386) 5897010 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section Division of Compressions		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

	ARTICLES OF DISSOLUTION TO SEA
Pursuant to of dissolute	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	American Southern Koong Inc
SECOND:	The document number of the corporation (if known): POSOOO 155001
THIRD:	The date dissolution was authorized: July 1, 2010
	Effective date of dissolution if applicable: (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)
	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) Amando-Mario Lamo
	(Typed of person signing)
	Prosident

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

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