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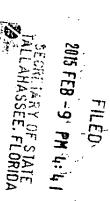
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OR 18

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RECSELL, INC.	
DOCUMENT NUMBER: P040007955	2
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	r to the following:
PAULA S. RECHNITZ	
(Name of Contact Per	son)
(Firm/Company)
121 56TH AVE. SO. APT. # L	,
(Address)	
ST. PETERSBURG, FL 3370	5
(City/State and Zip C	Code)
For further information concerning this matter, please	call:
STEPHANIE G. JACOBSON, CPA	17 , 423-1960
	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Definition of State: RECSELL, INC.
SECOND:	The document number of the corporation (if known): P0400079552
THIRD:	The date dissolution was authorized: DECEMBER 31, 2014
	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: Paule S. Sechuty
	(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, hustee, or other court appointed fiduciary, by that fiduciary)
	PAULA S. RECHNITZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35