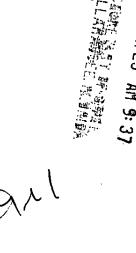
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(Name of Contact Person) (Firm/Company) (GOB2 Bilder UAY (Address) [A] (E WOR H FL 33 Y L 7 (City/State and Zip Code) For further information concerning this matter, please call: [Soserh J. Varada Jat (SG) 503 - 8220 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [State of Status Certified Copy Certificate of Status & Certificate copy is enclosed) [Additional copy is enclosed) [Additional copy is enclosed) [Additional copy is enclosed]	The enclosed Articles of Dissolution and fee are sub	mitted for filling.
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P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filled with the Florida Department of State:
u duciou.	KUSTOM KKAFT PAINTING INC
	203147 [277] 1 1471017 9 220
SECOND:	The document number of the corporation (if known): P04000 118 45
THIRD:	The date dissolution was authorized: 3/20/2011
	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 $\mathbb{F}_{\mathbb{C}_{+}}$
	(votting group)
	(voting group)
	ii) 1
	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)
	JOSEPH J. JARACCH JA
	Pres, dent
	(Title of person signing)