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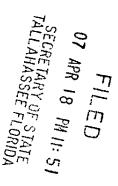
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♦ (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations	
	FRSAL CUSTOMER
DISSOLUTION OF UNIV SUBJECT: SERVICE, INC. EIN#	70 707217
SUBJECT: DERVICE, TAC: EINT	20-2697213
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
DAVID BARNETT	
(Name of Contact Person)	
INDUCEOS AL CUSTOME	DEDITION IND
UNIVERSAL CUSTOMES (Firm/Company)	2 SERVICE, 114C.
_	
8040 NW 9674 TER. =	# 210
,	
TAMARAC, FL 3332 (City/State and Zip Code)	2
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DAVID BARNETT at 954	673.3697
	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing F	ee & □\$52.50 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status &
(Additional copy enclosed)	y is Certified Copy (Additional copy is
chelosedy	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
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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 filed with the Florida Department of State:
	UNIVERSAL CUSTOMER SERVICE, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: APRIL 14TH 2007
	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
	O7 TALL
;	(Woting group) ARETARY OF STATE OF STA
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35