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#014 P.001/003

Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HARPER, KYNES & GELLER, P.A.

Account Number : 070651000745 Phone : (727)799-4840 Fax Number : (727)797-8206

DISSOLUTION OR WITHDRAWAL RNDIGITAL LABS INC

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ARTICLES OF DISSOLUTION OF RNDIGITAL LABS INC

RNDIGITAL LABS INC ("Corporation") is hereby dissolved under the laws of the State of Florida, pursuant to Section 607.1401, Florida Statutes.

ARTICLE I--Name

The name of the Corporation is: RNDIGITAL LABS INC

ARTICLE II--Articles of Incorporation

The Articles of Incorporation were filed on December 5, 2005.

ARTICLE III-Document Number

The document number of the corporation is P05000158865.

ARTICLE IV-Authorization and Effective Date

The dissolution of the Corporation was authorized on November 13th, 2009 to be effective when filed.

ARTICLE V-Adoption of Dissolution

Dissolution was approved by the sole Shareholder of the Corporation. The number of votes cast for dissolution was sufficient for approval.

DATED: November 13th, 2009

Reinhold Probst

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 13th day of November, 2009, by Reinhold Probst, the President of RNDIGITAL LABS INC, a Florida Corporation, on behalf of the Corporation. He is personally known to me.

Notary Public State of Florior
Plerre M Vogelbacher
My Commission DD915301
Expires 08/23/2013

NOTARY PUBLIC, State of Florida

Printed Name: fiche M. Vogelbach

My Commission Expires: \$\frac{123}{2013}

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NOTICE OF CORPORATE DISSOLUTION

This notice is being 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.

Name of Corporation: RNDIGITAL LABS 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:

(a) The full name, address and phone number of the person which the services were performed for or products were purchased by. In the event that the telephone number and/or address has changed since the services were performed or the products purchased, please provide both the old and new information.

The address of where the services took place or where the products were purchased. (b)

The date when services were begun and completed or when and where the product was purchased. (c)

A copy of any contract(s) between RNDIGITAL LABS INC and the party alleging the claim. (d)

Please state with specificity the exact nature of the alleged problem/defect and how it is related to the services (e) which were performed by RNDIGITAL LABS INC or the products purchased from RNDIGITAL LABS INC.

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

REINHOLD PROBST 1212 Sunset Drive Clearwater, FL 33755

A CLAIM AGAINST THE ABOVE NAME CORPORATION WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN 4 YEARS AFTER THE FILING OF THIS NOTICE.

RNBIGNIAL LABS INC

Reinhold Probst

IN WITNESS WHEREOF, I have set my hand and seal this 13th day of November, 2009.

Signed, sealed and delivered in the presence of:

Printed Name:

Printed Name:

State of Florida County of Pinellas

The foregoing instrument was acknowledged before me this 13th day of November, 2009 by Reinhold Probst, the

President of RNDIGITAL LABS INC, who is personally known to me.

on DD919301

Notary Public, State of Florida

Printed Name: Lieve M.

My Commission Expires:

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