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COVER LETTER

Division of Corporations
SUBJECT: Disolution of Corporation
DOCUMENT NUMBER: <u>P05000163141</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARMEN M. SALAZAR (Name of Contact Person)
C.A.S.S. CORPORATION (Firm/Company)
2331 North 57th WAY
(Address)
Holly wood, FL 33021 (City/State and Zip Code)
For further information concerning this matter, please call:
ARMIN M. SAIA ZAR at (954) 981-2834 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\ \$\ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations
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 filed with the Florida Department of State:
	CASS CORP
SECOND:	The document number of the corporation (if known); POSOO016314/
THIRD:	The date dissolution was authorized: $\frac{4/24/09}{2}$
	Effective date of dissolution if applicable: 4/24/09 \\ (no more than 90 days after dissolution fle date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast be 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
	LIRECTOR OFFICERS
S	(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)
-	ALFONSO W. SALAZAR (Typed or printed hame of person signing)
-	PRESIDENT (Title of person signing)

Filing Fee: \$35