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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Closing of American Coneral Solutions, I
DOCUMENT NUMBER: 205000146727
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marshel Hernawlz (Name of Contact Person) American Ceneral Solutions, Inc (Firm/Company)
8602 Caleved Bridge LT (Address)
TAMPA PL 33634 (City/State and Zip Code)
For further information concerning this matter, please call:
VAISMEL HERNANDEZ at (813) 967-2876 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Striling Fee \(\sum \) \$43.75 Filing Fee \(\sum \) \$43.75 Filing Fee \(\sum \) Certificate of Status \(\text{Certified Copy} \) (Additional copy is enclosed) Certificate of Status \(\text{Certified Copy} \) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	American Coeneral Solutions, I've
SECOND:	The document number of the corporation (if known): POSOO166722
THIRD:	The date dissolution was authorized: 1/5/39
	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
	(2) YAISMEL Hervardez
	(Voting group)
	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)
	(Typed or printed name of person signing)
	Psot (Title of person signing)

Filing Fee: \$35