P060000003747

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOlution of A	nto Surge, Inc.
DOCUMENT NUMBER: 204 10882)
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Benjamin W M	ad
Mame of Contact I	
4610 E Bellarose St	ny)
(Address) Talla \(\sqrt{\text{City/State and Zi}} \)	32305 p Code)
For further information concerning this matter, please	se call:
Demonstration at (Contact Person) Enclosed is a check for the following amount:	(Area Code & Daytime Telephone Number) W 011 614248 40810 (AVKMh)
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MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Als. attached: Dissolution of

2661 Executive Center Circle

Tallahassee, FL 32301
Roger North, Inc.

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:		
	Auto Surge, Inc.		
SECOND:	The document number of the corporation (if known): P0600000747		
THIRD:	The date dissolution was authorized: 14 April 2008		
	Effective date of dissolution if applicable: 14 fru 2004 (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 		
	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) Sexual Med (Typed or printed name of person signing)		
	Title of person signing)		

Filing Fee: \$35