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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| . (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| , | , | |
| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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Voldis Newis

07/18/07--01035--012 **35.00

2007 JUL 18 PH 2: 40
SECRETARY OF STATE
AREANSSEE. FLORIDA

07/16/07

To whom it my concern

Of Dissolution, covering the corporation CAR Wholesaler Inc. no assets of the corporation remain no corporation services or top transaction took place.

Thank you Padolf F Swarehof

Telephone Number 407-298-3247

Return Address 8842 Hillsdae Dr. Orlando FL 32818

ARTICLES OF DISSOLUTION

| Pursuant to s articles of dis | ection 607.1401, Florida Statutes, this Florida profit corporation submits the ssolution: | e following | |
|----------------------------------|---|---------------------------------|---|
| FIRST: | The name of the corporation as currently filed with the Florida Department | of State: | |
| SECOND: | The document number of the corporation (if known): POGOTO 2489/ | | * |
| THIRD: | The file date of the articles of incorporation: | 71. | |
| FOURTH: | (CHECK AT LEAST ONE BOX) | 2007 JUL 18 SECRETARY TALLAHASS | 1 |
| , | None of the corporation's shares have been issued. | TARY HASSI | |
| | The corporation has not commenced business. | PM 2: 40 SEE. FLORID | 5 |
| FIFTH: 🗸 | No debt of the corporation remains unpaid. | 2: 40 STATE L'ORIGI | |
| | The net assets of the corporation remaining after winding up have been disti to the shareholders, if shares were issued. | ributed | |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | | |
| • | A majority of the incorporators authorized the dissolution. | : | |
| | A majority of the directors authorized the dissolution. | | |
| | Q 625 Q 11 | | |
| Sign | (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.) | | |
| | RUDOLF F SWARCKOF (Typed or printed name of person signing) | | |
| | PRES. (Title of Person Signing) | | |

Filing Fee: \$35