(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	000176998850
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 2010 APR 27 PM 12: 59 SECRETARY UF STATE TALLAHASSEE. FLORID!
Office Use Only	.D 18:59
	4/29/10
(Address) For Figure (City/State and 2) For further information concerning this matter, plea	34951 Zip Code)
Enclosed is a check for the following amount: \$\infty\$\\$35 \text{Filing Fee} \Bigcup \\$43.75 \text{Filing Fee} & \Bigcup \\$43.7 \text{Certificate of Status} \text{Certificate}	onal copy is Certified Copy
MAILING ADDRESS:	(Additional copy is enclosed)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section, 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
OI dissolutio	
FIRST:	The name of the corporation as currently filed with the Florida Department of States
	GAGEXPENTE SERVICE. CO
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: April 19, 2010
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
rookin.	Adoption of Dissolution (CHECK OIVE)
	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
	(voting group)
	Signature: <u>Geneva Hostanah</u>
'	(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)
	bereva Hastarah
	(Typed or printed name of person signing)
	Yresident
	(Title of person signing)

Filing Fee: \$35