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TO: Amendment Section

Tallahassee, FL 32314

COVER LETTER

Division of Corporations SUBJECT: UNITED STATES MOVERS, INC. DOCUMENT NUMBER: P09000092929 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOSSEF KALFA (Name of Contact Person) (Firm/Company) 180 NE 12TH AVE 15A (Address) HALLANDALE FL 33009 (City/State and Zip Code) For further information concerning this matter, please call: **AVIAD AMRANI** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	UNITED STATES MOVERS, INC.	
SECOND:	The document number of the corporation (if known): P09000092929	
THIRD:	The file date of the articles of incorporation: 11/12/2009	3
FOURTH:	(CHECK AT LEAST ONE BOX)	, ,
	None of the corporation's shares have been issued.	[
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	[] A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature: Avicos Amrani	
_	(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.)	
	AVIAD AMRANI .	
	(Typed or printed name of person signing)	
	OWNER	
	(Title of Person Signing)	

Filing Fee: \$35