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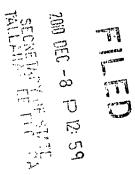
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Voldis Teurs 12-10-10

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF IN	C.
DOCUMENT NUMBER: P10000000	0007
The enclosed Articles of Dissolution and for	
	-
Please return all correspondence concerning	g this matter to the following:
ULLI STEINER-MASSEY	
· (Name of	Contact Person)
TAX PROFESSIONALS, LLC	
(Firn	n/Company)
PO BOX 760	
(Ad	ddress)
GENEVA, AL. 36340	
(City/Star	te and Zip Code)
For further information concerning this mat	ter, please call:
ULLI STEINER-MASSEY	at (_334) 684-6398
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
▼\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: 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 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:			
	MASTER TAX PROFESSIONALS, INC	. :	<u>.</u>	
SECOND:	•			
THIRD:	The date dissolution was authorized: 11-15-2010	اے :		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)		O Châte)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		5 9	
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	st for	dissolution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entii	tled	
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
	Signature: Ri Gard Howard			
	(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)			
	RICHARD HOWARD			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35