P100045157

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(Address)		
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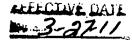
COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: GSM FOR ALL, INC.		
DOCUMENT NUMBER: P10000045157		
The enclosed Articles of Dissolution and fee are sub	omitted for filing	
•	-	
Please return all correspondence concerning this mat	ter to the following:	
KENNIO BARBOSA		
(Name of Contact P	Person)	
(Firm/Compar	ny)	
10619 W ATLANTIC BLVD, 126		
(Address)		
CORAL SPRINGS, FL 33071		
(City/State and Zip	Code)	
For further information concerning this matter, please	e call:	
)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	ed Copy Certificate of Status & Certified Copy	
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 of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articlon:	es
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	GSM FOR ALL, INC.	
SECOND:	The document number of the corporation (if known): P10000045157	
THIRD:	The date dissolution was authorized: 03/07/2011	
	Effective date of dissolution <u>if applicable</u> : 03/27/2011 (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 dissolutio was sufficient for approval.	n
	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	40.
	The state of the s	
	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, by that fiduciary)	
	KENNIO BARBOSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Filing Fee: \$35