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(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

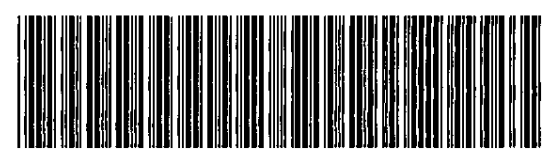
(Business Entity Name)

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SECRETARY OF STATE
HALLMARK BUILDING
INDIANAPOLIS, IN 46204

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25
1-3-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ability Worldwide, Inc.
Name of Surviving Corporation

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

Suzanne Schwitalla

Contact Person

Ability Worldwide, Inc.

Firm/Company

17807 Osprey Pointe Place

Address

Tampa, FL 33647

City/State and Zip Code

suzanne@abwwi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Schwitalla

Name of Contact Person

At (410)

570-5123

Area Code & Daytime Telephone Number

☒ Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

December 23, 2011

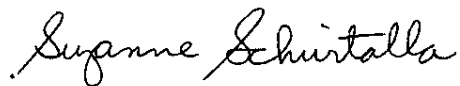
TO: Florida Department of State
Amendment Section
Division of Corporation

FROM: Ability Worldwide, Inc.
17807 Osprey Pointe Place
Tampa, FL 33647

SUBJECT: Letter of Acknowledgement

This letter is to acknowledge payment for the merging corporation of \$35 and for the surviving corporation of \$35 to the Florida Department of State for the filing of the Article of Merger plus the \$8.75 certified copy of filing.

Sincerely,

A handwritten signature in cursive script, reading "Suzanne Schwitalla".

Suzanne Schwitalla
President
Ability Worldwide, Inc.

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CLERK OF DISTRICT COURT
WYOMING
JESS CORPORATION ACT,

First: The name and jurisdiction of the surviving corporation:

Second: The name and jurisdiction of each merging corporation:

Third: The Plan of Merger is attached.

OR _____ / _____ / _____ (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date.)

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on _____ and shareholder approval was not required.

(Attach additional sheets if necessary)

Seventh: **SIGNATURES FOR EACH CORPORATION**

Name of Corporation

Signature of an Officer or
Director

Typed or Printed Name of Individual & Title

Ability Worldwide, Inc.

Suzanne Schwitalla

Suzanne Schwitalla, President

Ability Worldwide, Inc.

Suzanne Schwitalla

Suzanne Schwitalla, President

Ability Worldwide, Inc.

Daniel Schwitalla

Daniel Schwitalla, Secretary

[illegible]

First: The name and jurisdiction of the surviving corporation:

Second: The name and jurisdiction of each merging corporation:

Third: The terms and conditions of the merger are as follows:

- Fourth:** The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

(Attach additional sheets if necessary)

THE FOLLOWING MAY BE SET FORTH IF APPLICABLE:

Amendments to the articles of incorporation of the surviving corporation are indicated below or attached:
Change ST Daniel Schwitalla 17807 Osprey Pointe Place, Tampa FL 33647

OR

Restated articles are attached: N/A

Other provisions relating to the merger are as follows:
none.