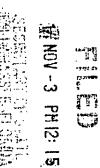
P13000056919

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NOV 1 3 2013 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: VOLUNTARY DI	SSOLUTION
DOCUMENT NUMBER: P130000	050919
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
SHARON R ALVIS	
(Name of C	Contact Person)
AXLE DOCTOR INC	
(Firm	/Company)
6221 E BROADWAY AV	/E
(Ad	dress)
TAMPA, FL 33619	
(City/Stat	e and Zip Code)
For further information concerning this mat	ter, please call:
SHARON ALVIS	at (813) 627-0401 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt;
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

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: AXLE DOCTOR, INC.
SECOND:	The document number of the corporation (if known): P13000050919
THIRD:	The date dissolution was authorized: 10/29/2014
,	Effective date of dissolution if applicable: 10/29/2014
FOURTH:	(no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) 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
	100%
	(voting group)
	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)
	SHARON R ALVIS
	(Typed or printed name of person signing)
	VP
	(Title of person signing)

Filing Fee: \$35