FILED May 13, 2016 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

MOVEMENT ABILITY INC

SECOND: The document number of the corporation: P14000097276

THIRD: The date dissolution was authorized: April 30, 2016

Effective date of dissolution: May 13, 2016

FOURTH: Dissolution was approved by the shareholders through voting groups.

The number of votes cast for dissolution was sufficient for approval by

4

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ROXANNA ANDERSON CFO

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

MOVEMENT ABILITY INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE BOARD MEMBERS MET TO VOTE ON THE STATUS OF BUSINESS VIABILITY. IT WAS VOTED THAT WE AGREED TO CLOSE BUSINESS AS THE FUNDS WERE NOT COMING IN.

Mailing address where claims can be sent:

24 BARILOCHE DR 24 BARILOCHE DR PUNTA GORDA, FL 33983

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ROXANNA ANDERSON

Electronic Signature of the Person Filing