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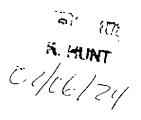
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## **COVER LETTER**

TO: Amendment Division o	nt Section  f Corporations			
SUBJECT: KINFIT	INC			
DOCUMENT NUM	P19000039985  MBER:			
The enclosed Articl	es of Dissolution and f	ee are submitted for filing	<u>z</u> .	
Please return all cor	respondence concerning	g this matter to the follow	ring:	
DAVID ADAMSON			s.)	
	(Name of	Contact Person)		
	(Firm	n/Company)		
20041 S TAMIAMI TR	AIL, SUITE 16		SSEE S	, maren
ESTERO, FL 33928	(A	ddress)	FL FL	
	(City/Sta	te and Zip Code)		
For further informat	ion concerning this ma	tter, please call:		
DAVID ADAMSON		239-948-1222 at (		
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Nun	iber)
Enclosed is a check	for the following amou	nt;		
■ \$35 Filing Fee 〔	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 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:		

## Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

## Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

## 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: KINFIT INC				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
	(by a director, president or other officers if directors or other seaurt appointed fiduciary, by that fiduciary)  DAVID ADAMSON				
_	(Typed or printed name of person signing)				
	PRESIDENT				
=	(Title of person cuming)				

Filing Fee: \$35