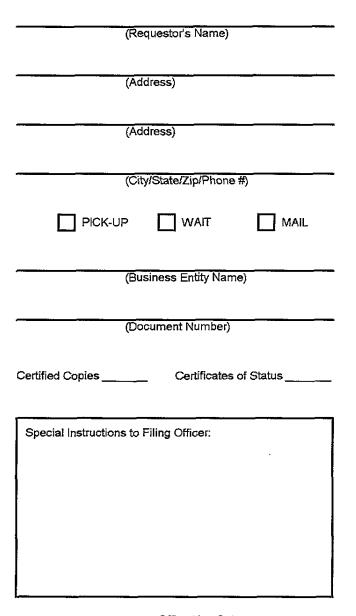
P9500038375







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10/27

COVER LETTER

TO: Amendment Section

Division o	f Corporations				
SUBJECT:	Dissolution	in of	AFFilato	d Merchant	Services In
DOCUMENT NUI	MBER: <u>P950</u>	0003837	75		
The enclosed Artic	les of Dissolution and	fee are submitt	ted for filing	<u>}</u> .	
Please return all con	respondence concerni	ng this matter t	o the follow	ing:	
		S Valha f Contact Perso			
	AFFiliated Merch	and Servit	ces In	<u>(,</u>	·
	•	•			
	160 W CAM	Address)	#237		
For further informa		ten , FL. tate and Zip Co	33432- ode)		
Lous Va (Name o	Ligan f Contact Person)			<u> </u>	hone Number)
	for the following amo			J	,
	□\$43.75 Filing Fee & Certificate of Status		Copy I copy is	\$52.50 Filin Certificate of Certified Cop (Additional copension)	f Status & py
P.O. Box 6	Section Corporations		Amer Divis Clifte 26 61	et Address: Indment Section ion of Corporat on Building Executive Cent hassee, FL 3230	ions er Circle

DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

2005 OCT 24 AM 10: 17

Pursuant to section 607.1401, 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:					
	AFFILIATED Merchant Socurces, Inc.					
SECOND:	The document number of the corporation (if known): P95000038375					
THIRD:	The file date the articles of incorporation: 5-15-95					
FOURTH:	(CHECK AT LEAST ONE BOX)					
	None of the corporation's shares have been issued.					
	The corporation has not commenced business.					
FIFTH:	No debt of the corporation remains unpaid.					
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.					
SEVENTH:	Adoption of Dissolution (CHECK ONE)					
	A majority of the incorporators authorized the dissolution.					
	A majority of the directors authorized the dissolution.					
Sign	ature: (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.)					
	(Typed or printed name of person signing)					
	Director (Title of Person Signing)					

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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	AFF. 1. ated	Mechant	Sorvices	Inc	
Date of dissolution will be specified in the <i>Articles o</i>		ition is filed with	the Department	of State or as	
Description of informatio	n that must be includ	led in a claim:			
Mailing address where cl	·			•)
	134 134	VCA RATON	FL. 334	937 52	
A claim against the above within 4 years after the fi	e named corporation ling of this notice.	will be barred u	nless a proceedin	g to enforce the cla	im is commenced
Lo	us Volimo			Mu lola	
Printed i	Name of the Person Filin	g	Si	gnature of the Person F	iling