P9600011143

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AOR 6/25/09

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: SAH Group, Inc.	
DOCUMENT NUMBER: P96000017143	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Alan Stein	
(Name of Contact	t Person)
SAH Group, Inc.	
(Firm/Com	pany)
8281 SW 146th Street	
(Address)	
Miami FL 33158	•
(City/State and	Zip Code)
For further information concerning this matter, ple	ease call:
Alan Stein	_{t (} 305) 233-4649
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cert (Add	2.75 Filing Fee &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED Sollowing articles

Pursuant to of dissolution	on: \ SECRETARY SECRETARY SECRETARY
FIRST:	SECRETARY OF STATE The name of the corporation as currently filed with the Florida Department of StateRIDE
	SAH Group, Inc.
SECOND:	The document number of the corporation (if known): P96000017143
THIRD:	The date dissolution was authorized: June 17, 2009
	Effective date of dissolution if applicable: June 17, 2009 (no more than 90 days after dissolution file date)
FOURTH:	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
	(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)
	Alan Stein (Typed or printed name of person signing)
	Director
	(Title of person signing)

Filing Fee: \$35