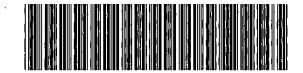
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SECRETARY OF STATE
SECRETARY OF STATE

ASR 6/13/07

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: A Master Close	t Designs, Inc.
DOCUMENT NUMBER: POPOCOT	16730
The enclosed Articles of Dissolution and fee are subn	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Amanda Lurgio (Name of Contact Per	rson)
A Master Closet I (Firm/Company	Designs, Im.
630 Sw Harbor (Address)	2 Street
Stuart, Fl. 3499 (City/State and Zip	Code)
For further information concerning this matter, please	call:
Amanda Lurgio at (17a) 260-945a (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
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

Pursuant to of dissolut	o section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles ion:
FIRST:	The name of the corporation as currently filed with the Florida Department of State. A Masker Closel Designs. In the Florida Department of State.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 5-1-07
	Effective date of dissolution <u>if applicable</u> : 5-1-07 (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
	Troy + Amanda Lurgio
	Signature: (By a director, president or other officer - if director 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)
	Amanda Lurgio Troy Lurgio (Typed or printed name of person signing)
	Vice President & President

Filing Fee: \$35

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. 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: incorporated under a Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00