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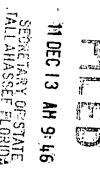
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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: CRAWFORD GLASS DOOR COMPANY
DOCUMENT NUMBER: 514/67
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RANDY BEARD (Name of Contact Person)
CARFORD TRACE! CORP. (Firm/Company)
(Address)
Address) DOEAFIGLD BEACLO, FL. 33442 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 698-6888 627 205 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\$\subset\$\$\square\$\$\square\$\$\square\$\$\$\square\$\$\$\$43.75 Filing Fee & \$\square\$
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submissions following article on:
FIRST:	The name of the corporation as currently filed with the Florida Department of States
	CRAWFORD GLASS DOOR CORPORT CC.
SECOND:	The document number of the corporation (if known): \$14167
THIRD:	The date dissolution was authorized: 6/1/11
	Effective date of dissolution if applicable: (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)
	ROBIN CANY FORD (Typed or printed name of person signing)
	Vice Preson signing) (Title of person signing)

Filing Fee: \$35