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07 MAY -8 PM 3: 2:

SECRETARY OF STATE

TAIL ARASSEE ELORIDA

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Disolving FOR PROFIT Corporation					
DOCUMENT NUMBER:					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Toe Parisi (Name of Contact Person) Toe Paris, Insurance Inc. (Firm/Company)					
(Name of Contact Person)					
Joe Paris: Insurance Inc.					
(, /					
3624 SE 21 PLACE (Address)					
(Address)					
CAPE Coral FL 33904					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Toe Pavis; at (239) 549 4027 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
S35 Filing Fee \$\times \\$43.75 Filing Fee & Certificate of Status \$\times \\$Certificate of Status \$\times \\$\times \\$\times \\$\times \\$\times \\$\times \\$\times \\$\times \\$\times \\$\times \\$\					
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

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Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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 Toe Paris: Insurance Inc.	nt of State:	
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation:		
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 disto the shareholders, if shares were issued.	stributed	
SEVENTH	: Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.	07 MAY -8 SECRETARY TALLAHASSE	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	E. F. ST State of American Incomparator - 12	₽
	Toe Parisi (Typed or printed name of person signing)		
	President (Title of Person Signing)		

Filing Fee: \$35