

Florida Department of State
 Division of Corporations
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL
 PROFESSIONAL INSURANCE MANAGEMENT CORP

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16 MAY 18 PM 1:53

**ARTICLES OF DISSOLUTION
OF
PROFESSIONAL INSURANCE MANAGEMENT CORP.**
(A Florida Profit Corporation)


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation, submits the following Articles of Dissolution:

1. The name of the corporation as currently filed with the Florida Department of State is Professional Insurance Management Corp. (the "Corporation").
2. The document number of the Corporation is P16000009171.
3. The filing date of the Articles of Incorporation was January 27, 2016.
4. None of the Corporation's shares have been issued and the Corporation has not commenced business.
5. No debt of the Corporation remains unpaid.
6. The sole director of the Corporation authorized the dissolution.

DATED: As of May 18, 2016

**PROFESSIONAL INSURANCE
MANAGEMENT CORP.**

By: 
 Name: Daniel R. Sheehan
 Title: President

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NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: Professional Insurance Management Corp.

Document Number of Corporation: P16000009171

Date of Dissolution: The date the Articles of Dissolution is filed with the Department of State.

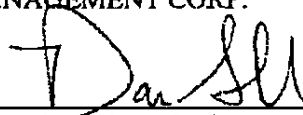
Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: Professional Insurance Management Corp., 396 Alhambra Circle, Suite 255, Coral Gables, Florida 33134, Attn: Mary Benevente.

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.

PROFESSIONAL INSURANCE
MANAGEMENT CORP.

By: 
Name: Daniel R. Sheehan
Title: President