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COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Butters	Ty Insurance Agercy Corp.
NAME OF CORPORATION:Buller F	J 10sry
The enclosed Articles of Revocation of Dissolution	and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Name of Cont	Janes act Person
MHCoffy Towns Firm/Con	npany Die Cyclotte
435 5 St Rd Addre	7 47.+ 11
La Hollywood City/State and	Zip Code Zip Code Las Las Company Co
E-mail address: (60 be used for fut For further information concerning this matter, pleas	·
La Taga Janes Name of Contact Person	At (786) 267 - 4067 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Dissolution	section 607.1404, Florida Statutes, this Florida profit corporation revokes i prior to the expiration of 120 days following the effective date (or file date les of Dissolution:		e date)	
FIRST:	The name of the corporation is: Botterfy Increase	Ogecy (Cover.	
SECOND:	The document number of the corporation (if known) is	<u> </u>	4	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dis		- 7	
	filed with the Florida Department of State is Note: If the date inserted in this block does not meet the applicable statutory filing r not be listed as the document's effective date on the Department of State's records.	1/17/20		
FOURTH:	The Revocation of Dissolution was authorized on	<u>.</u>		
FIFTH:	TH: Adoption of Revocation of Dissolution (check one)			
	 The board of directors/incorporation revoked the dissolution. The board of directors revoked the dissolution authorized by the shar revocation was permitted by action by the board of directors afone purauthorization. The shareholders revoked the dissolution and was authorized by the imanner required by this chapter and by the articles of incorporation. 	irsuant to that	ı the	
SIXTH:	A copy of the Articles of Dissolution is attached.			
	Signature By a director, president of other officer - it directors or officers have not been selected, by an interportator - it in the hands of a feetiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typector printed name of person signing)			
	(Title of person signing)	2023 FEB	**************************************	
CR2E008 (11	FILING FEE \$35 2(9)	24 PM 1:09		

FILED Jan 17, 2023 Secretary of State

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

BUTTERFLY INSURANCE AGENCY, CORP.

SECOND: The document number of the corporation: P20000010554

THIRD: The file date of the articles of incorporation: January 29, 2020

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LATOYA JAMES OWNER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative