

Requestor's Name		56048
Address		
City/State/Zip	Phone #	
Office Use Only		

P950000

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #) 600002559646-5
-06/08/98-01120-011
*****70.00 *****35.00
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Service

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Copy

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 98 JUN - 8 PM 3:36
 APPROVED AND FILED
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 6-8-98
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Examiner's Initials	
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ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Mutual STATES Insurance Company

SECOND: The articles of incorporation were filed on: Jan 17, 1995

THIRD: (CHECK ONE)

- None of the corporation's shares have been issued.
The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.

Signed this 19th day of MAY, 19 98

Signature [Handwritten Signature]
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Yves Guerrier
(Typed or printed name)

Registered Agent/Dir
(Title)

SECRETARY OF STATE
TALAHASSEE, FLORIDA

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