

12/28/2017

Division of Corporations

Florida Department of State  
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## To:

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## From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20018000078  
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DISSOLUTION OR WITHDRAWAL  
HATTON INSURANCE AGENCY, INC.

Certificate of Status	0
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January 4, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HATTON INSURANCE AGENCY, INC.  
P.O. BOX 866  
BARTOW, FL 33831-0866

SUBJECT: HATTON INSURANCE AGENCY, INC.  
REF: 311958

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

DISSOLUTION CAN NOT BE FILED ON A DATE PRIOR TO THE DATE OF AUTHORIZATION

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

FAX Aud. #: H17000340300  
Letter Number: 018A00000254

18 JAN -5 AM 7:53

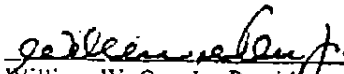
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ARTICLES OF DISSOLUTION  
OF  
HATTON INSURANCE AGENCY, INC.

Pursuant to the provisions of Section 607.1403, Florida Statutes, as amended, HATTON INSURANCE AGENCY, INC., a Florida corporation (Document Number 311958), hereby adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

- (1) The name of the corporation is HATTON INSURANCE AGENCY, INC.
- (2) The date on which the dissolution of the corporation was authorized was December 28, 2017 and the effective date of the dissolution will be December 31, 2017.
- (3) The dissolution was approved by the unanimous written consent of the sole Shareholder of the corporation.
- (4) A Notice of Corporate Dissolution pursuant to Section 607.1407, Florida Statutes is attached hereto.

EXECUTED 28 day of December, 2017.

  
\_\_\_\_\_  
William W. Orr, Jr., President

18 JAN -5 AM 9:01  
HALL COUNTY, FLORIDA

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**NOTICE OF CORPORATE DISSOLUTION**

This notice is submitted with the Articles of Dissolution by the dissolved corporation named below for resolution of payment of unknown claims against this Corporation as provided in §607.1407, Florida Statutes.

The "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of the Corporation is **HATTON INSURANCE AGENCY, INC.**, a Florida corporation (the "Corporation").

Date of dissolution will be the date of the filing the Articles of Dissolution with the Florida Secretary of State.

This Notice of Corporate Dissolution requires that persons with claims against the Corporation which are unknown to the Corporation as successor entity must be submitted in accordance with this Notice.

Any such claim against the Corporation must include the following information:

Please describe with specificity the nature of the claim, the amount of the claim, the date that the claim arose and the date of discovery of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations).

**HATTON INSURANCE AGENCY, INC.**

Attention: William W. Orr, Jr.  
864 East Lillian Street  
Bartow, Florida 33830

A claim against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

**HATTON INSURANCE AGENCY, INC.**

By: William W. Orr, Jr.  
William W. Orr, Jr., President

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