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Division of Corporations

PAGE 01/03

Page 1 of 1

443593

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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S. Johnson  
19459-1

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BERGER SINGERMAN LLP, FT. LAUDERDALE  
Account Number : I20020000154  
Phone : (954) 525-9900  
Fax Number : (954) 523-2872

**DISSOLUTION OR WITHDRAWAL  
SEITLIN BENEFITS CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	02
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15 DEC 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC 11 AM 9:45

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Corporate Filing Menu

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## ARTICLES OF DISSOLUTION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, 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 of State:

Seitlin Benefits Corporation

SECOND: The document number of the corporation (if known): 443593

THIRD: The date dissolution was authorized: November 30, 2015

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Shannon Alfonso

(Typed or printed name of person signing)

President

(Title of person signing)

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**Filing Fee: \$35****Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

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

Name of Corporation: Seitlin Benefits Corporation

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name and address of claimant, amount of claim and transaction/action giving rise to claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1000 Corporate Drive, Suite 400, Fort Lauderdale, FL 33334

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Shannon Alfonso, President

Printed Name of the Person Filing

 12/10/15  
Signature of the Person Filing SAO

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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