

584532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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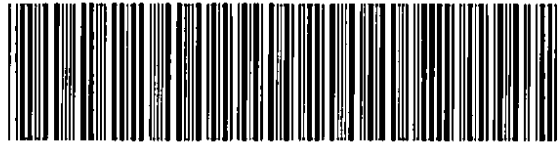
(Business Entity Name)

(Document Number)

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/19/2021

NAME: PROFESSIONAL BENEFITS, INC.

TYPE OF FILING: DISSOLUTION

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

File First

ARTICLES OF DISSOLUTION
OF
PROFESSIONAL BENEFITS, INC.

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 Department of State is PROFESSIONAL BENEFITS, INC.

SECOND: The Articles of Incorporation were filed on September 8, 1978 and assigned document number 584532.

THIRD: The date dissolution was authorized was December 18, 2020. The effective date of dissolution of the corporation is the date the articles of dissolution are filed.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

DATED this 10th day March 2021.


James B. Tollerton, President

FILED
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2021

Notice of Corporate Dissolution

NOTE: This page is optional

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 Corporation Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PROFESSIONAL BENEFITS, INC.

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 written claim:

Documentary and factual basis for claim; legal name and address of claimant entity or person; date upon which and reason why claim arose; asserted damages by both, amount and type; whether a claim for attorney's fees or costs is involved; and claimants knowledge of any third party or indemnifying party with an interest in the alleged claim.

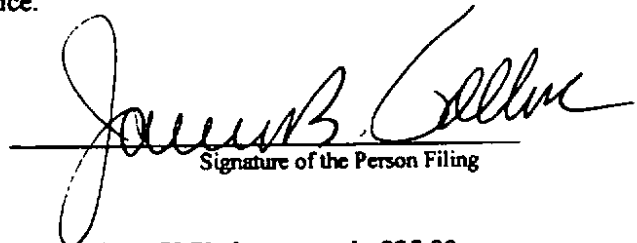
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Michael E. Siegel
Shutts & Bowen LLP
1858 Ringling Boulevard, Suite 300
Sarasota, FL 34236

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.

James B. Tollerton, President

Printed Name of the Person Filing



Signature of the Person Filing

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