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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL IBERIABANK MORTGAGE COMPANY

Certificate of Status	0
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## **COVER LETTER**

10:	Division of Corporations		
SURJ	ECT: IBBRIABANK Mortgage Company	у	
0020		(Name of Corporation	n)
DOCI	UMENT NUMBER: F11000000117		; · · · · · · · · · · · · · · · · · · ·
The er	nclosed withdrawal application and	fee are submitted for t	iling.
	return all correspondence concerning to the following:	g this	
	Jennifer O'Neal		
		(Name of Person)	to the second
	IBERIABANK Mortgage Company		
		(Firm/Company)	
	601 Poydras Street, Suite 2075		
		(Address)	
	New Orleans, LA 70130		
	. (1	City/State and Zip code	<del>)</del>
For fu	rther information concerning this ma	tter, please call:	
Jennifer O'Neal		504 at (	310-7361
Enclos	(Name of Person) sed is a check for the amount:	(Area Co	de & Daytime Telephone Number)
\$35	Filing Fee \$\int_\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee of Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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	See 25
IBERIABANK Mortgage Company	
(Name of Corporation)	25 2
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	ميات المارية ا المارية المارية
F11000000117	
(Document Number of Corporation	(if known)
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	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一
Arkansas	*****
(Incorporated Under Laws	01)
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proce the time it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation:  601 Poydras Street, Suite 2075  (Mailing Address)	ess based on a cause of action arising during
(g,	
New Orleans, LA 70130	
•	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the ful	3/23/17
(Signifine of a director, president or other officer. If in the hands of a receiver of other count appointed fiduciary, by that fiduciary)	(Date)
Jennifer O'Neal	Vice President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**