

F31157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

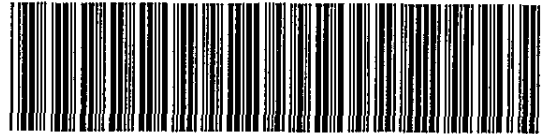
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700021031027

06/30/03--01059--021 **43.75

FILED
03 JUN 30 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

Art Diss/CC
1a 7/8/03

GARY D. SMILEE INSURANCE AGENCY, INC.

Post Office Box 526

Lutz, Florida 33548

June 24, 2003

Division of Corporations

P. O. Box 6327

Tallahassee FL 32314

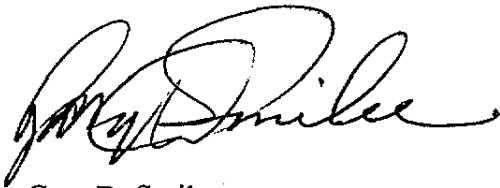
Gentlemen:

Enclosed are the Articles of Dissolution for our corporation (F31157), adopted June 23, 2003 by unanimous vote of our shareholders.

Enclosed is our check in the amount of \$43.75 for the filing fee (\$35.00) and for a certified copy of the Articles (\$8.75).

Thank you.

Yours truly,



Gary D. Smilee
President

FILED
03 JUN 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: _____

GARY D. SMILEE INSURANCE AGENCY, INC.

SECOND: The date dissolution was authorized: as of 6-30-03

THIRD: Adoption of Dissolution (CHECK ONE)

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

☐ Dissolution was approved by vote of the shareholders through voting groups.

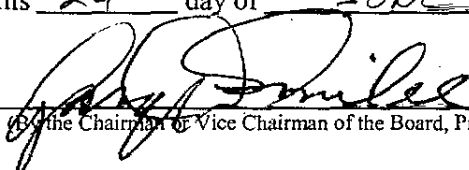
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

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

(voting group)

Signed this 24 day of JUNE, 2003.

Signature _____


(By the Chairman or Vice Chairman of the Board, President, or other officer)

GARY D. SMILEE

(Typed or printed name)

PRESIDENT

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 30 PM 2:00

FILED