F41235

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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: INSURANCE INDUSTRY CONSULTANTS, INC. F41235 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES C. TRAFTON (Name of Contact Person) (Firm/Company) **POST OFFICE BOX 764** (Address) TALLAHASSEE, FL 32302 (City/State and Zip Code) For further information concerning this matter, please call: JAMES C. TRAFTON (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee —\$43.75 Filing Fee & —\$43.75 Filing Fee & —\$52.50 Filing Fee, Certified Copy Certificate of Status Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

rin or	The control of the co		
FIRST:	The name of the corporation as currently filed with the Florida Department of State	: :	
	INSURANCE INDUSTRY CONSULTANTS, INC.		
SECOND:	The document number of the corporation (if known): F41235		
THIRD:	The file date of the articles of incorporation:08/20/1981		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.	5	SECI
	A majority of the directors authorized the dissolution.	0 NOV 15	RETAR
Sign	ature: Janes a Justin	PH 2: 53	FGF STATE
Sign.	(By a director, president or other officer - if directors of officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	or - if	
	JAMES C. TRAFTON		

(Typed or printed name of person signing)

Representative of Estate N/A - SON OF MARK TRAFTON, III (WHO IS DECEASED)

(Title of Person Signing)

Filing Fee: \$35