G01952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ✓ Certificates of Status _____

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11/17/08--01036--021 **43.75

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2008 NOV 17 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date
12-31-08

Voldis
Tenis
11-19-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION EFFECTIVE 12/31/08 DUE TO RETIREMENT

DOCUMENT NUMBER: G01952

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH MCDERMOTT
(Name of Contact Person)

JOSEPH F MCDERMOTT INSURANCE AGENCY INC.
(Firm/Company)

4500 BELVEDERE RD STE E
(Address)

WEST PALM BEACH, FL 33415
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH MCDERMOTT at (561) 683-7506 (B) 968-0853 (H)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☒ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Filing Fee: $35

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 as currently filed with the Florida Department of State:

JOSEPH F. MCDERMOTT INSURANCE AGENCY, INC.

SECOND: The document number of the corporation (if known): G01952

THIRD: The date dissolution was authorized: 11-12-08

Effective date of dissolution if applicable: 12/31/08
(no more than 90 days after dissolution file date)

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Joseph McDermott 11/12/08
(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)

JOSEPH MCDERMOTT
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: $35