

Q55777

(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:

adopt. of Diss.

Office Use Only



800288386728

08/08/16--01031--011 \*\*35.00

FILED  
16 SEP 13 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VIDWIN

SEP 14 2016

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2016

EVA  
4698 W 4TH AVE  
HIALEAH, FL 33012

SUBJECT: DOFER INS AGENCY INC.  
Ref. Number: G55777

We have received your document for DOFER INS AGENCY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check a box under section seven concerning the adoption of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 616A00017519

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:  
dofer Insurance Inc

SECOND: The document number of the corporation (if known): G55777

THIRD: The file date of the articles of incorporation: 08/15/1983

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.

☒ A majority of the directors authorized the dissolution.

Signature:

(X) Gloria M. Dominguez

(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.)

Gloria Dominguez

GLORIA M. DOMINGUEZ  
(Typed or printed name of person signing)

President

Nice - President  
(Title of Person Signing)

Filing Fee: \$35

FILED  
16 SEP 13 AM 11:00  
SECRETARY OF STATE  
ALLAHBACH, FLORIDA

## Notice of Corporate Dissolution

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

Name of Corporation: Dofer Insurance

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 claim:

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

4697 W 4 ave Hialeah, fl 33012

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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.

GLORIA M. DOMINGUEZ

Printed Name of the Person Filing

Gloria M. Dominguez

Signature of the Person Filing

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