

H69284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

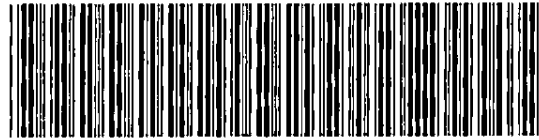
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700440800117

RECEIVED
2024 DEC 13 PM 3:21

FILED
2024 DEC 13 AM 9:37
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 12/13/2024

Acc#120160000072

en: c DW

Name:	AL PURMORT INSURANCE, INC.
Document #:	
Order #:	16040059

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
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Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

Thank you!

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:
AL PURMORT INSURANCE, INC.


SECOND: The document number of the corporation (if known): H69284

THIRD: The date dissolution was authorized: December 13, 2024

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signed by: 
Signature: EA1D11E1C28E45B
(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)

Clyde Allen Purmort, III

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

Filing Fee: \$35

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2024 DEC 13 AM 9:37
TALLAHASSEE, 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: AL PURMORT INSURANCE, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

December 13, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

1. Full name and address of claimant.

2. Brief statement of the claim, including the date the claim arose and the amount of the claim, accompanied by a copy of all relevant documentation such as purchase orders or contracts and invoices.

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

5400 Ocean Blvd, Unit 10-2, Sarasota, FL 34242

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.

Clyde Allen Purmort, III, Chief Executive Officer

Printed Name of the Person Filing

Signed by:



0C1388B2-DF1B-43FA-B9D8-D75FAEA1CE7F

Signature of the Person Filing

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2024 DEC 13 AM 9:37
TALLAHASSEE, FLORIDA

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