(Requestor's Name)				
(Address)				
(Address)				
•	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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Requester's Name  ZYG E V M  Address  City/State/Zip Phone #	230/	9
		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if k	nown):
1 Marko Bara		
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		Certified Copy
Mail out Will wait		
Mail out Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
CD2E021/7/07)		Examiner's Initials

CR2E031(7/97)

# ARTICLES OF DISSOLUTION

## **OF**

# MAPFRE U.S.A. CORP.

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 Secretary

of State: Mapfre U.S.A. Corp.

SECOND:

The document number of the corporation: J88717

THIRD:

The date dissolution was authorized: 6/29/09

FOURTH:

Dissolution was approved by the shareholders. The number of votes cast

for dissolution was sufficient for approval.

Signed this 29 day of June, 2009.

Name: Jaime Tamayo

Title: President

# NOTICE OF CORPORATE DISSOLUTION

### OF ·

### MAPFRE U.S.A. CORP.

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.

# Name of Corporation:

Mapfre U.S.A. Corp.

# Date of Dissolution:

The date of dissolution will be the date the dissolution is filed with the Department of State.

# Description of information that must be included in a claim:

All persons with claims against Mapfre U.S.A. Corp. are requested to present them in accordance with this Notice. Each claim must include the name and address of the claimant, the basis for and amount of each claim, and the date or dates on which each claim arose. The description of the basis for each claim must include sufficient information to permit Mapfre U.S.A. Corp. to make a reasonable judgment whether the claim should be accepted or rejected.

## Mailing Address where claims can be sent:

The Commerce Insurance Company 211 Main Street Webster, MA 01570 Attention: General Counsel

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.

Signed this	day of	, 2009.		_
	;		:	
	<b>}</b>	i.	•	Name: Jaime Tamayo

Title: President