



589319 State Farm Understands Life.®

COX'S INSURANCE AGENCY, INC.

Auto-Life-Health-Home and Business

606 BALD EAGLE DRIVE, SUITE 301, MARCO ISLAND, FL 34145

PH:239-642-5100 FAX:239-642-9221 E-Mail: JOAN.COX.BW2B@STATEFARM.COM

October 07, 2002

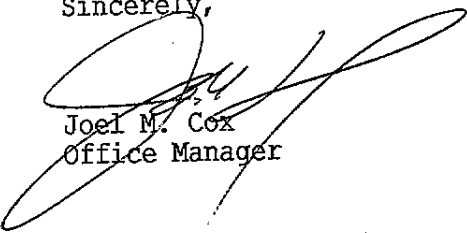
Division of Corporaion
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is a completed form 607.1403 (Articles of Dissolution). The dissolution was approved at a meeting of the Shareholders on October 7, 2002 with an effective date to cease business on December 31, 2002.

Enclosed is our check for \$52.50 which is for the filing fee and two certified copies of the dissolution.

Sincerely,


Joel M. Cox
Office Manager

JMC/jf

EFFECTIVE DATE

12-31-02

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-10/09/02--01028--001

*****52.50 *****52.50

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

02 OCT -9 PM 3:55

FILED

PS 10/10/02
DSS

ARTICLES OF DISSOLUTION

FILED

02 OCT -9 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

EFFECTIVE DATE

12-31-02

FIRST: The name of the corporation is: Cox's Insurance Agency, Inc.

SECOND: The date dissolution was authorized: October 7, 2002
Effective December 31, 2002

THIRD: 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 vote of 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:

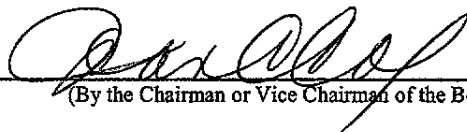
The number of votes cast for dissolution was sufficient for approval by

Shareholders

(voting group)

Signed this 7th day of October, 2002.

Signature



(By the Chairman or Vice Chairman of the Board, President, or other officer)

Joan C. Cox

(Typed or printed name)

President

(Title)