

NA80456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

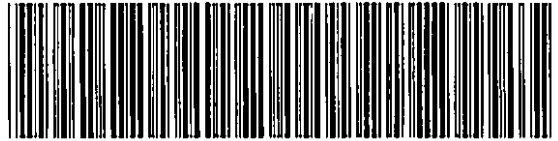
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/09/12--01:13--01:13 *\$6.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cc/ellis
Amy D155
w/nctia

AUG 13 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FACT Risk Services Corp. - Dissolution

DOCUMENT NUMBER: M80456

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

Please return all correspondence concerning this matter to the following:

Rachelle J. Ludwig

(Name of Contact Person)

FACT Risk Services Corp.

(Firm/Company)

2801 East Empire Street

(Address)

Bloomington, IL 61704

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachelle J. Ludwig

(Name of Contact Person)

at (309) 663-1393

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

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:

FACT Risk Services Corp.

SECOND: The document number of the corporation (if known): M80456

THIRD: The date dissolution was authorized: June 1, 2018

Effective date of dissolution if applicable: June 30, 2018

(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)

Signature: _____

Rachelle J. Ludwig, Secretary, Vice President
(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)

Rachelle J. Ludwig

(Typed or printed name of person signing)

Secretary, Vice President

(Title of person signing)

Filing Fee: \$35

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2018 AUG -9 PM 12:22
SECRETARY &
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: FACT Risk Services Corp.

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:

Name, address, email address and phone number of claimant

A detailed description of the nature, date and location of the occurrence(s) giving rise to the claim

The amount of the claim

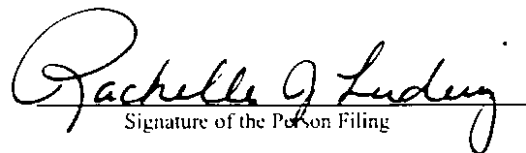
Any documents supporting the claim

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

Rachelle J. Ludwig
2801 East Empire Street
Bloomington, IL 61704

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.

Rachelle J. Ludwig
Printed Name of the Person Filing


Signature of the Person Filing

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