

m99964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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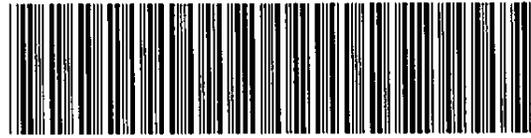
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
2014 JUL 23 AM 4:53  
POST APPROVED  
TO ALLOW E-FILE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
BUREAU OF CORPORATIONS  
14 JUL 23 AM 9:26

Ant Diss / w/ notice  
@ 7/24/14 CC

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 7/23/14

**NAME:** ALLIANCE RISK SERVICES CORP

**TYPE OF FILING:** DISSOLUTION

**COST:** 43.75

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alliance Risk Services Corp. - Dissolution

**DOCUMENT NUMBER:** M99964

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

Please return all correspondence concerning this matter to the following:

Dennis M. Wilson  
(Name of Contact Person)

Harrison & Held, LLP  
(Firm/Company)

333 W. Wacker Dr., Suite 1700  
(Address)

Chicago, IL 60606  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis M. Wilson at ( 312 ) 753-6126  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$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:  
Alliance Risk Services Corp.

**SECOND:** The document number of the corporation (if known): M99964

**THIRD:** The date dissolution was authorized: June 30, 2014

Effective date of dissolution if applicable: (Not Applicable)  
(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: 

(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)

**Robert Mathewson**

\_\_\_\_\_  
(Typed or printed name of person signing)

**Vice President**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

FILED  
SECRETARY OF STATE  
CORPORATION DIVISION  
14 JUL 23 AM 9:26

## 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: Alliance 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 and address of claimant, with a detailed description of the nature  
and amount of the claim and any documents supporting the claim.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Dennis M. Wilson  
Harrison & Held, LLP  
333 W. Wacker Drive, Suite 1700  
Chicago, IL 60606

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.

Robert Mathewson, Vice President  
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