N04000012108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cessation of Operations

DOCUMENT NUMBER: N04000012408

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

Please return all correspondence concerning this matter to the following:

Jeff A. Reagan
(Name of Contact Person)

C/o Keys Insurance
(Firm/Company)

801 Peacock Plaza
(Address)

Key West, FL 33040
(City/State and Zip Code)

For further information concerning this matter, please call:

Same at (305) 294-4454 x102
(Name of Contact Person) (Area Code & DaytimeTelephone 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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Keys' Choice Health Plan, INC.
Keys' Choice Health Plan, Inc.

SECOND: The document number of the corporation (if known): N04000012108

THIRD: The file date of the articles of incorporation: 12/29/04

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- [X] The dissolution was authorized by a majority of the directors:
  OR
- [ ] The dissolution was authorized by an incorporator.
- [ ] The dissolution was authorized by a majority of the incorporators.

SECRETARY OF STATE
DIVISION OF CORP.
2006 JAN 10 AM 8:13

Signature: _____
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Jeffrey A. Keegan
(Typed or printed name of person signing)

Chairman
(Title of person signing)

Filing Fee: $35

Resolution

Be it resolved that the remaining board of directors of the Key's Choice Health Plan, Inc. have decided to cease all operations of the corporation. Also, our planned goal of achieving non-profit status with the state will cease.

This action comes as the result of no business activity. There have been no sales or revenues derived through the business during the period. There were no employees or outside contractors.

Be it furthered resolved that any and all work product developed by the group will be shared with any other entity that may wish to continue the work of the group in providing viable health insurance alternatives for the residents of Monroe County Florida.

This action is executed and entered in to the record of business this 1st day of December, 2005.

Jeffrey A. Reagan, Chairman