N96000000567

FL Assoc. of Independent Insurance Adjusters, Inc. Post Office Box 5352 Ft Lauderdale, FL. 33310 Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Photocopy Mail out Certificate of Status Will wait NEW FILINGS AMENDMENTS. Amendment Profit Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS **OUALIFICATION** Annual Report Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is FLORIDA NSSOCIATION of INDEPENDENT	
SECOND: Adoption of dissolution (Complete Section I or II)	
7 <u>9</u>	17
(CHECK ONE)	
The number of votes cast for dissolution was sufficient for approval.	
☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.	
SECTION II If the corporation has no members or members with voting rights:	
The corporation has no members or members with voting rights.	
The date of adoption of the resolution by the board of directors was	
The number of directors in office was and the vote for the resolution	
was for and against.	
Signed this	
Signature	
Typed or printed name CHAIRMAN OF THE BEARD Title	**
CHAIRMAN OF THE BOARD	