## P10000063018

| (Requ                       | uestor's Name)  |             |
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| PICK-UP                     | ☐ WAIT          | MAIL        |
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| (Busi                       | ness Entity Nar | ne)         |
| (===:                       |                 | ,           |
| (Doci                       | iment Number)   |             |
| (2000                       | inieni ramberj  |             |
| Certified Copies            | Certificates    | of Status   |
| Certified Copies            | Certificates    | o o otatus  |
|                             |                 |             |
| Special Instructions to Fil | ing Officer:    |             |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| SUBJECT: Silvester Insurance Professionals, Inc.                          |   |  |
|---|---|--|
|   |   |  |
| DOCUMENT NUMBER: P00000063  | 018   |  |
| The enclosed Articles of Dissolution and fee                              | e are submitted for filing.   |  |
| Please return all correspondence concerning                               | this matter to the following:   |  |
| Stanley Dale Klett, Esquire   |   |  |
| (Name of C  | ontact Person)  |  |
| Rutherford Mulhall, P.A.  |   |  |
| (Firm/Company)  |   |  |
| 3399 PGA Boulevard, Suite 240   |   |  |
| (Add  | dress)  |  |
| Palm Beach Gardens, FL 33410  |   |  |
|   | and Zip Code)   |  |
| For further information concerning this matter                            | er, please call:  |  |
| Linda Philbrick (Name of Contact Person)                                  | at ( 561 ) 691-8111  (Area Code & Daytime Telephone Number)   |  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)  |  |
| Enclosed is a check for the following amount                              | t:  |  |
| ▼\$35 Filing Fee \$\bigcup\$\$43.75 Filing Fee & Certificate of Status    | \$43.75 Filing Fee & \$\ \text{S52.50 Filing Fee,} \\ Certified Copy & Certificate of Status & \\ (Additional copy is enclosed) & (Additional copy is enclosed) |  |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | 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   |               |  |
|---------|---|---------------|--|
|         | Silvester Insurance Professionals, Inc.   |               |  |
| SECOND: | The document number of the corporation (if known): P0000063018  |               |  |
| ГНIRD:  | The date dissolution was authorized: $\frac{7/2/09}{}$  |               |  |
|         | Effective date of dissolution if applicable: (no more than 90 days after dissolution  | G Sile dales  |  |
| FOURTH: |   | Section 2     |  |
|         | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.   | for dissoluti |  |
|         | Dissolution was approved by the shareholders through voting groups.   | RIOA          |  |
|         | The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:   | entitled      |  |
|         | 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) |               |  |
|         | Steven E. Silvester   |               |  |
|         | (Typed or printed name of person signing)   |               |  |
|         | Director  |               |  |
|         | (Title of person signing)   |               |  |

Filing Fee: \$35