

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:
WADSWORTH INSURANCE AGENCY, INC.
- SECOND:** The document number of the corporation: P00000085453
- THIRD:** The date dissolution was authorized: May 1, 2017
Effective date of dissolution: June 1, 2017
- FOURTH:** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SHEILA K HOFFER PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
May 01, 2017
Secretary of State

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.

Name of Corporation:

WADSWORTH INSURANCE AGENCY, INC.

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:

ALL PERTINENT INFORMATION REQUIRED TO PROVE CLAIM.

Mailing address where claims can be sent:

36741 LAUREL OAKS LN.
DADE CITY, FL 33525

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SHEILA K HOFFER

Electronic Signature of the Person Filing