

P00000105795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

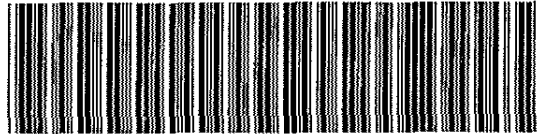
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05 JUN 14 PM 1:39

DIVISION OF CORPORATION

FILED

05 JUN 14 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Florida IPSI, Inc.

DOCUMENT NUMBER: P00000105795

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

Please return all correspondence concerning this matter to the following:

Shirley Brantingham

(Name of Person)

State Farm Mutual Automobile Insurance Company

(Name of Firm/Company)

One State Farm Plaza, B-3

(Address)

Bloomington, IL 61710-0001

(City/State/and Zip Code)

For further information concerning this matter, please call:

Shirley Brantingham

(Name of Person)

at (309) 735-8465

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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JUN 14 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Department of State:
Florida IPSI, Inc

SECOND: The document number of the corporation (if known): P00000105795

THIRD: The date dissolution was authorized: May 31, 2005

Effective date of dissolution if 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 of 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)

Signed this 14 day of June, 2005.

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)

Vincent J. Rio, III

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

Filing Fee: \$35

6/14/05 . . . CORPORATE DETAIL RECORD SCREEN 1:44 PM
NUM: P00000105795 ST:FL ACTIVE/FL PROFIT FLD: 11/13/2000 EFF: 11/06/2000
FEI#: 59-3680842
NAME : FLORIDA IPSI, INC.
PRINCIPAL: STATE FARM INSURANCE COMPANIES
ADDRESS 7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888
RA NAME : FORMUSA, JOE NAME CHG: 04/30/05
RA ADDR : 7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888 US
ANN REP : (2003) A 05/05/03 (2004) A 04/21/04 (2005) W 04/30/05

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: