

P61000070685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

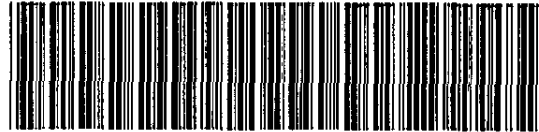
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FBMC

Fringe Benefits Management Company

August 11, 2005

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: *Dissolution of Document Number P01000070685 (United Benefits, Inc.)*

Dear Sir/Madam:

Enclosed you will find the following documents:

- Transmittal Letter
- Articles of Dissolution (2 pages)
- Payment in the form of a check in the amount of 43.75; to cover filing fee and Certificate of Status

Please dissolve United Benefits, Inc. as instructed on the attached forms. Should you have any questions or require additional information regarding this transaction, contact me at 850-425-6205 Ext. 2220.

Thank you for your prompt attention to this matter.

Sincerely,



Jazz Collins
Compliance Specialist

Enclosures

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Benefits Incorporated

DOCUMENT NUMBER: P01000070685

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

Please return all correspondence concerning this matter to the following:

Holly Hance
(Name of Person)

Fringe Benefits Management Company
(Name of Firm/Company)

Post Office Box 1878
(Address)

Tallahassee, Florida 32302
(City/State/and Zip Code)

For further information concerning this matter, please call:

Holly Hance at (850) 425-6205 X 2211
(Name of Person) (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:

FIRST: The name of the corporation as currently filed with the Department of State:

United Benefits Incorporated

SECOND: The document number of the corporation (if known): P01000070685

THIRD: The date dissolution was authorized: June 10, 2005

Effective date of dissolution if applicable: July 11, 2005
(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 8 day of July, 2005.

Signature: Lorraine Ritch

(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)

Lorraine Ritch

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA