## P0200099509

(Red	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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SECRETARY OF STATE TALL AHASSEF FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION	••••
DOCUMENT NUMBER: P02.0	000099509
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	Oman Contact Person)
(Name of	Contact Person)
(Firm	TILL B Newman, PA
181 /	n/Company)  Je 1st Ave 1 Swite 100  ddress)  Ca Raton 1 33432  te and Zip Code)
(A	udiess)
B00	ca Ration, Pl 33432
(City/Sta	te and Zip Code)
For further information concerning this may	tter, please call:
(Name of Contact Person)	at ( 964 ) 675 6093 (Area Code & Daytime Telephone Number)
,	
Enclosed is a check for the following amou	nt:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 State:	
	Hallmark Title inc.	
SECOND:	The document number of the corporation (if known): P02 0000 99509	
THIRD:	The date dissolution was authorized: 12,2005	
	Effective date of dissolution if applicable: OCT 5,2005  (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	
	<b>∑</b> g o	
	(voting group)  FILED  ANSSEE FLO	
S	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)	
	(Typed or printed name of person signing)	
	President	
	(Title of person cioning)	

Filing Fee: \$35

## **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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.