Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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DISSOLUTION OR WITHDRAWAL POLYMAN INSURANCE CORP.

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ARTICLES OF DISSOLUTION

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Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following applies? of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of States SECOND: The document number of the corporation (if known): The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) FOURTH. Adaption 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 the sharcholders 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 east for dissolution was sufficient for approval by (voting group) Signature (By a director, president of other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by (bat figureiary)

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