

P04000061253

SPECIAL CLAIMS INVESTIGATIVE GROUP, INC.  
P.O. BOX 19078  
SARASOTA, FL 34276

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

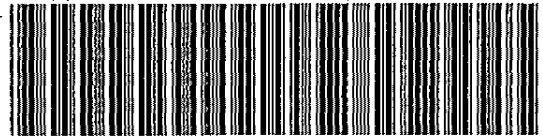
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/05/07--01038--018 \*\*35.00

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07 MAR -5 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SSC

FILED

07 MAR -5 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

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

- First: The name of the corporation is:  
Special Claims Investigative Group, Inc.
- Second: The date dissolution was authorized:  
December 31, 2006.
- Third: Adoption of Dissolution (check one):  
☒ Dissolution was approved by the share-  
--- holders. The number of votes cast for  
dissolution was sufficient to pass.
- Dissolution was approved by vote of the  
shareholders through voting groups.  
The following statement must be separ-  
ately provided for each voting group  
entitled to vote separately on the plan  
to dissolve:  
The number of votes cast for dissolu-  
tion was sufficient for approval by:  
\_\_\_\_\_ voting group.

Signed this 28 day of February, 2007.  
Signature Isabel Ellison  
Printed Name ISABEL ELLISON  
Title President

Enclosed is the filing fee of \$35.00  
for the articles of dissolution, made  
payable to the Department of State.

Copies of this notice are attached to:  
the final State F-1120 and  
the final Federal 1120.

VOLUNTARY DISSOLUTION OF CORPORATION

This notarized affidavit is herein submitted in order to finally and legally dissolve the Fla. Corporation known as "Special Claims Investigative Group, Inc." The officer signing below, hereby acknowledges a full and complete dissolution of said corporation, and has no intention of ever revoking this voluntary dissolution. Also be it known, that the name "Special Claim Investigative Group, Inc.", having no further use to this officer, is now available for immediate use by any other corporation granted permission by the state of Florida, to use said name.

Signed this 28 day of February, 2007.

Signature

Isabel E. Wilson

(By the Chairman, Vice Chairman of the Board, Officer, or Director.)

Printed Name

ISABEL EILSON

Title

President

Subscribed and sworn to before me this

28 day of February, 2007.

Jennifer Tucker

Notary Public

My commission expires:

MY COMMISSION EXPIRES:  
SEPTEMBER 27, 2009

Form if ID furnished:

