POYOUOUTTUATO

(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ARX INSURANCE SERV	/ICES, INC.
DOCUMENT NUMBER: P04000776	40
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Cheryl A. Fe	
(Name of C	Contact Person)
ARX Insura	ance Services, Inc.
(Firm/C	Company)
7201 N.W.	11th Place
(Add	iress)
Gainesville	e, FL 32605
	and Zip Code)
For further information concerning this matter,	please call:
Cheryl A. Feather	at (352) 333-1488
(Name of Contact Person)	at (352) 333-1488 (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	·
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAN INC ADDRECS.	OFFICE ADDRESS.

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION OF ARX INSURANCE SERVICES, INC.

Pursuant to 607.1403, Florida Statutes, **ARX INSURANCE SERVICES, INC.** hereby submits the following Articles of Dissolution:

- 1. The name of the corporation is **ARX INSURANCE SERVICES, INC.**. document number P04000077640.
- 2. The date dissolution was authorized: September 7, 2006
- 3. Dissolution was approved by written consent of the shareholders. The number of votes cast for dissolution was sufficient for approval.

Signed this 7th day of September 2006.

Malthew J. Skively

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SECRETARY OF STATE
SECRETARY OF STATE