

P05000037453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

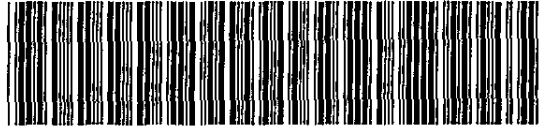
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500072689775

05/01/06--01028--026 \*\*35.00

FILED

06 MAY -1 PM 2:15

CLERK OF STAFF  
ALLIANCE FLORIDA

FLD 143  
5-1-06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Close Business Down

**DOCUMENT NUMBER:** POS000037453

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

Please return all correspondence concerning this matter to the following:

Frank Spremulli

(Name of Contact Person)

Clearview Insurance Corp.

(Firm/Company)

13449 Hidden Forest Cir

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Spremulli

(Name of Contact Person)

at ( 321 ) 663-6328

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
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:

Clearview Insurance Corp

SECOND: The document number of the corporation (if known): P05000037453

THIRD: The date dissolution was authorized: 3/14/06

Effective date of dissolution if applicable: 3/14/06

(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. There were no share holders

☐ 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)

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)

Frank Spremulli

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
06 MAY - 1 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA