

P050000038042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

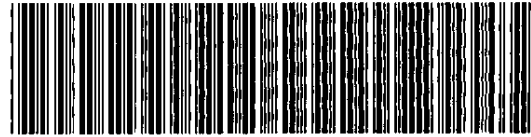
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@ 11/23/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P05000038042

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

Please return all correspondence concerning this matter to the following:

Edgar Arvelo

(Name of Contact Person)

MY HEALTH INSURANCE QUOTE, INC.

(Firm/Company)

323 Elm Street #5

(Address)

Hollywood, FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

Edgar Arvelo

(Name of Contact Person)

at ( 954 ) 206-6337

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 NOV 23 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 15, 2010

EDGAR ARVELO  
MY HEALTH INSURANCE QUOTE, INC.  
323 ELM STREET #5  
HOLLYWOOD, FL 33019

SUBJECT: MY HEALTH INSURANCE QUOTE, INC.  
Ref. Number: P05000038042

We have received your document for MY HEALTH INSURANCE QUOTE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

**YOU FAILED TO SIGN THE DOCUMENT.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 210A00026682

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

MY HEALTH INSURANCE QUOTE, INC.

SECOND: The document number of the corporation (if known): P05000038042

THIRD: The file date of the articles of incorporation: 03/14/2005

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

ARVELO, EDGAR

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 NOV 22 PM 2:13

**Filing Fee: \$35**