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diss.

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Wayne Johnson Fasovarce Frc. DOCUMENT NUMBER: POSODO 10776/		
DOCUMENT NUMBER: <u>POSOOD 10776</u>]		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Wayne Johnson (Name of Contact Person)		
Warne Johnson Fasurance Inc. (Firm/Company)		
10601-4 Sah Jose Blw (Address)		
Tackson U, 16, F1 32257 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Wayne Johnson at (9α1) 211-875 L (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

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:
	Wayne Johnson Insurance Inz
SECOND:	The document number of the corporation (if known): PO5000 10 776/
THIRD:	The file date the articles of incorporation: $9-3-2005$
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.
	ED FE SIA FLORING
Sign	ature: (By a directly president or other officer, if directly or officers have not been selected by an incompressor, if
	(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.)
	(Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35