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(Requestor's Name) (Address) (Address)	700106883917		
(City/State/Zip/Phone #)	08/06/0701019024 **43.75		
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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Matrix Insurance Agency	pf Breward - Dissolution
DOCUMENT NUMBER: PO 60000 23650)
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
April Villarose (Name of Contact Person)	
Matrix Insurance Agence (Firm/Company)	cy of Brevard, Inc
596 Sherwood Ave 8 (Address)	Site C
Salellite Beach Fl (City/State and Zip Code)	32937
For further information concerning this matter, please call:	
April Villarose at (321 (Name of Contact Person) (Area () 779 - 4914 Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Certified Copy (Additional copenclosed)	Certificate of Status &
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 607.1401, 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:	
	Matrix Encurance Agency of Brew	ind, Drc	
SECOND:	The document number of the corporation (if known): PO60000 236	250	
THIRD:	The file date of the articles of incorporation: $\frac{62/16/2006}{}$	O7	
FOURTH:	(CHECK AT LEAST ONE BOX)	AUG PART	
	None of the corporation's shares have been issued.	-6 AM	
	The corporation has not commenced business.	F STA	
FIFTH:	No debt of the corporation remains unpaid.	RIEA 16	
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 of production of the hands of a receiver, trustee or other court appointed fiduciary, by that fiduciary.)			
High Matta (Typed or printed name of person signing)			
	President (Title of Person Signing)		

Filing Fee: \$35