

P06000065398

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michalee Insurance Services Inc.

DOCUMENT NUMBER: PO6000065398

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

Please return all correspondence concerning this matter to the following:

Shereen Morris

(Name of Contact Person)

(Firm/Company)

6239 Edgewater Dr Ste D10-B

(Address)

Orlando, FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

Shereen Morris

(Name of Contact Person)

at (407) 538-2413

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2008

SHEREEN MORRIS
6239 EDGEWATER DR.
SUITE D-10
ORLANDO, FL 32810

SUBJECT: MICHALEE INSURANCE SERVICES, INC.
Ref. Number: P06000065398

We have received your document for MICHALEE INSURANCE SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 908A00049317

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:

Michalee Insurance Services Inc.

SECOND: The document number of the corporation (if known): PO6000065398

THIRD: The date dissolution was authorized: September 2, 2008

Effective date of dissolution if applicable: September 2, 2008
(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.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group 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)

Sherren Morris

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA