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(Re	equestor's Name)	
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06 AUG 31 PN 12: 02
SECRETARY OF STATE
TALLAHASSEE FIORING.

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Belleview Insurance Inc.			
DOCUMENT NUMBER:			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Shirley Callom			
(Name of Contact Person)			
(Firm/Company)			
8929 S.E. 19 The Road (Address)			
· · · · · · · · · · · · · · · · · · ·			
OCALA, FT. 34480			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Shirley CAllum at (352) 840 (Name of Contact Person) (Area Code & Daytim	-0808		
(Name of Contact Person) (Area Code & Daytim	e Telephone Number)		
Enclosed is a check for the following amount:			
(Additional copy is Certi enclosed) (Add	50 Filing Fee, ficate of Status & fied Copy itional copy is losed)		
			
Amendment Section Amendment S Division of Corporations Division of C			
P.O. Box 6327 Clifton Build	-		
Tallahassee, FL 32314 2661 Executi	ve 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 The Lucy The.	nent of State:
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation: 7 71 06	
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 of to the shareholders, if shares were issued.	distributed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	700
	majority of the incorporators authorized the dissolution.	6 AUG
	A majority of the directors authorized the dissolution.	FILED 6 AUG 31 PH 12: 02 SECRETARY OF STATE SELLAHASSEE FLORID
Sign	ature: Alvilu A. Callum	
J	(By a director, president of other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	y an incorporator - if
	Shirley A. Callum (Typed or printed name of person signing)	<u>.</u>
	OWNER (Title of Person Signing)	,

Filing Fee: \$35