P06000101095

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COVER LETTER

TO: Amendment Section **Division of Corporations** MORTGAGE COAP SUBJECT: P06000101095 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: FRANK CHRISTIANO (Name of Contact Person) 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 Certificate of Status & (Additional copy is Certified Copy enclosed) (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

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:		
	BANKERS USA MORTGAGE CORPURATION		
SECOND:	The document number of the corporation (if known): P06000 101095		
THIRD:	The date dissolution was authorized: 8/19/09		
	Effective date of dissolution if applicable: (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 entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	SEC TALL		
	SECRETAR OF 24 TO AUG 24 T		
	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)		
	CHRIS CAPUANO (Typed or printed name of person signing)		
	ASST MANAGER		
	(Title of person signing)		

Filing Fee: \$35