

P06000154276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

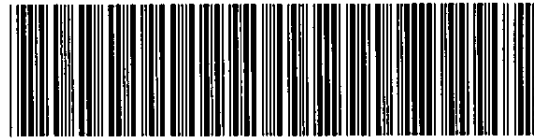
(Business Entity Name)

(Document Number)

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15 APR 24 AM 7:11
SAC, MISSISSIPPI STATE
FALLS, MISSISSIPPI

RECEIVED
DEPARTMENT OF STATE
15 APR 24 PM 1:50

CRm
4-27-15

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

CHESD
15 APR 24 AM 7:11
STATE
FIDELITY & SECURITY

ACCOUNT NO. : I20000000195

REFERENCE : 603004 4365401

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : April 24, 2015

ORDER TIME : 1:03 PM

ORDER NO. : 603004-005

CUSTOMER NO: 4365401

DOMESTIC FILINGS

NAME: BUILDER INSURANCE PROGRAMS,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER'S INITIALS: _____

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:

Builder Insurance Programs, Inc.

SECOND: The document number of the corporation (if known): P06000154276

THIRD: The date dissolution was authorized: 04/24/2015

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

(voting group)

Signature: John Nigrelli

(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)

John Nigrelli

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA