

P08000090571

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

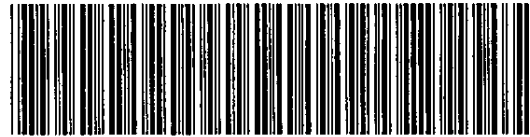
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Affordable Insurance, Inc.

**DOCUMENT NUMBER:** P08000090571

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

Please return all correspondence concerning this matter to the following:

**Andrew Serpe**

(Name of Contact Person)

**Florida Affordable Insurance, Inc.**

(Firm/Company)

**4613 Bowl St.**

(Address)

**New Port Richey, FL 34652**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Andrew Serpe**

(Name of Contact Person)

at ( **727** ) **505-6684**

(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  
Tallahassee, FL 32301

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14 APR 23 PM 12:00

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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14 JUN 16 PM 12:57

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DIVISION OF CORPORATIONS  
JUN 14 2014

April 29, 2014

ANDREW SERPE  
FLORIDA AFFORDABLE INSURANCE, INC.  
4613 BOWL ST.  
NEW PORT RICHEY, FL 34652

SUBJECT: FLORIDA AFFORDABLE INSURANCE INC.  
Ref. Number: P08000090571

We have received your document for FLORIDA AFFORDABLE INSURANCE 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 \$35.00.

You failed to sign the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 014A00009060



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2014

ANDREW SERPE  
FLORIDA AFFORDABLE INSURANCE, INC.  
4613 BOWL ST.  
NEW PORT RICHEY, FL 34652

SUBJECT: FLORIDA AFFORDABLE INSURANCE INC.  
Ref. Number: P08000090571

We have received your document for FLORIDA AFFORDABLE INSURANCE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You still failed to sign the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 714A00011256

## 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:

Florida Affordable Insurance, Inc.

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

THIRD: The date dissolution was authorized: 03/15/2014

Effective date of dissolution if applicable: 04/15/2014  
(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

1

(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)

Andrew Serpe

(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE  
FLORIDA