

P08000111495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

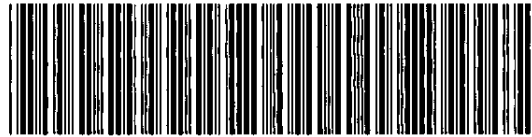
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900174732669

04/28/10--01002--001 \*\*35.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 APR 27 PM 2:53  
NOT RECORDED  
TO RECORD CLOSE  
SUFFICIENCY OF FILING

*dis w/ not*  
C.COULLIETTE  
APR 27 2010  
EXAMINER

FILED  
20 APR 27 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Empire National Insurance Company

**DOCUMENT NUMBER:** P08000111495

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

Please return all correspondence concerning this matter to the following:

Sandy P. Fay

(Name of Contact Person)

Colodny, Fass Talenfeld, Karlinsky & Abate, P.A.

(Firm/Company)

One Financial Plaza, 100 SE 3rd Avenue, 23rd Floor

(Address)

Ft. Lauderdale, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandy P. Fay

(Name of Contact Person)

at ( 954 ) 492-4010

(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

## 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 of State:

Empire National Insurance Company

SECOND: The document number of the corporation (if known): P08000111495

THIRD: The file date of the articles of incorporation: 12/31/2008

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 distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Robert R. Southard, Jr.

(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.)

Robert R. Southard, Jr.

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 27 PM 3:08

FILED

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Empire National Insurance company

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name and address of the claimant. The amount of the claim. The basis of  
the claim and all documents in support thereof.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4362 Northlake Blvd., Suite 101

Palm Beach Gardens, FL 33410

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Robert R. Southard, Jr.

Printed Name of the Person Filing

Robert R. Southard Jr.

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**