

PD90000063068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

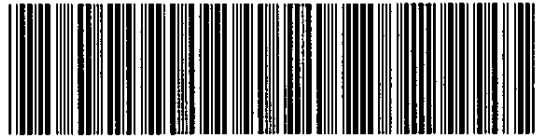
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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10 8/17/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF ARTICLES OF CORPORATION

**DOCUMENT NUMBER:** P09000063068

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

Please return all correspondence concerning this matter to the following:

OLGA VILLAGOMEZ

(Name of Contact Person)

SIMI INSURANCE SERVICES INC

(Firm/Company)

5420 SW 110TH AVE

(Address)

MIAMI FLORIDA 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

OLGA VILLAGOMEZ at ( 786 ) 206-5985

(Name of Contact Person)

(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

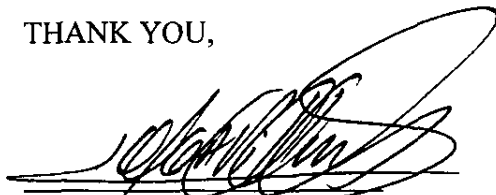
GREEN POINT INSURANCE GROUP CORP.  
5420 SW 110<sup>TH</sup> AVE  
MIAMI, FL. 33165

08/07/2009

I OLGA VILLAGOMEZ I'M WRITING THIS LETTER TO NOTIFY YOU THAT  
I'M REVOKING SIMI INSURANCE SERVICES INC. WITH DOC # P09000063068  
IN ORDER FOR ME TO CHANGE MY ACTUAL CORPORATION GREEN POINT  
INSURANCE GROUP CORP AND REPLACE IT WITH SIMI INSURANCE  
SERVICES INC.

ANY QUESTIONS FELL FREE TO CALL ME AT 786-206-5985

THANK YOU,



OLGA P. VILLAGOMEZ  
PRES

## 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:

SIMI INSURANCE SERVICES INC

SECOND: The document number of the corporation (if known): P09000063068

THIRD: The file date of the articles of incorporation: 07/21/2009

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: \_\_\_\_\_

(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.)

OLGA VILLAGOMEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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