010000022848

(R	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name))
(De	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:]

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2011

POLLY E. ROGERI ROGERI AND ASSOCIATES INSURANCE, INC. 1620 STONE MANSION RD SEWICKLEY, PA 15143

SUBJECT: ROGERI AND ASSOCIATES INSURANCE INC.

Ref. Number: P10000022848

We have received your document for ROGERI AND ASSOCIATES INSURANCE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state that a majority of the incorporators or directors authorized the dissolution.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 011A00003724

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: ROGERI AND ASSOCIATES INSURANCE, INC. P10000022848 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: POLLY E. ROGERI (Name of Contact Person) ROGERI AND ASSOCIATES INSURANCE, INC. (Firm/Company) 1620 STONE MANSION ROAD (Address) SEWICKLEY, PA 15143 (City/State and Zip Code) For further information concerning this matter, please call: KATHY SISLER, CPA (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\sum \$\\$35 \text{ Filing Fee } \sum \$\\$43.75 \text{ Filing Fee } \text{ \$\sum \$\\$43.75 \text{ Filing Fee} \text{ \$\sum \$\\$52.50 \text{ Filing Fee},} Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) 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 articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following of solution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ROGERI AND ASSOCIATES INSURANCE INC.
SECOND:	The document number of the corporation (if known): P10000022848
THIRD:	The file date of the articles of incorporation: 3-15-2010
FOURTH:	(CHECK AT LEAST ONE BOX)
	X 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.
Sign	ature: X Pelly & Rogni
J	(By a director, president or other other - 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.)
	POLLY E. ROGERI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35