

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P1000080797

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

**DISSOLUTION OR WITHDRAWAL
INTEGRATED BENEFITS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 FEB 10 PM 12:58

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 11 2020

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

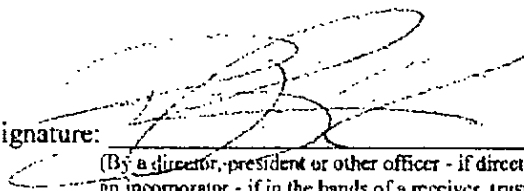
FIRST: The name of the corporation as currently filed with the Florida Department of State:
Integrated Benefits, Inc.

SECOND: The document number of the corporation (if known): P10000080797

THIRD: The date dissolution was authorized: February 6, 2020
Effective date of dissolution if applicable: February 6, 2020
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Benjamin R. Kimble

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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