P[1000005892

(Re	equestor's Name)		
(Ac	ddress)		
(Ar	ddress)		
<i>(</i>			
(Ci	ty/State/Zip/Phone #)		
			
PICK-UP	WAIT	MAIL	
(Bi	usiness Entity Name)		
(5.	,		
(De	ocument Number)		
Certified Copies	pies Certificates of Status		
		1	
Special Instructions to	Filing Officer:		





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14 JAN - 7 AH 10: 45

" MM-7 PICED

NOTED

NO



ON SERVICE COMPANY					
ACCOUNT NO. : 12000000195					
REFERENCE : 949529 78140	103				
AUTHORIZATION: BOOKS Clerace					
COST LIMIT : \$ 35.00					
ORDER DATE : January 3, 2014					
ORDER TIME : 5:08 PM					
ORDER NO. : 949529-011					
CUSTOMER NO: 7814003					
DOMESTIC FILINGS					
NAME: MERZ INSURANCE SERVICES, INC.					
XX ARTICLES OF DISSOLUTION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
					
CONTACT PERSON: Susie Knight - EXT# 52956					

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	MERZ INSURANCE SERVICES, INC.	State:	
SECOND:	The document number of the corporation (if known): P1100005892		14
THIRD:	The file date of the articles of incorporation: 01/18/2011		JAN
FOURTH:	(CHECK AT LEAST ONE BOX)		-7
	None of the corporation's shares have been issued.		型 2:
	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.	ted	
SEVENTH	: Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
<u>DPlease no</u> Sigr	A majority of the directors authorized the dissolution. De Dor effective date of dissolution is 3/3 mature: May A majority of the directors authorized the dissolution.	ļų.	
	(By a director, president or other officer - if directors or officers have not been selected, by an incomin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	porator - if	
	Craig A Merz		
	(Typed or printed name of person signing)		
	President		
	(Title of Person Signing)		

Filing Fee: \$35