

P12000066328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 SEP -3 PM 12:35  
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SEP 08 2015

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLAIMS EXPERT GROUP, INC  
\_\_\_\_\_

**DOCUMENT NUMBER:** P12000066328  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Matthew J. Monaghan, Esq.  
\_\_\_\_\_

(Name of Contact Person)

Cantwell & Goldman, P.A.  
\_\_\_\_\_

(Firm/Company)

96 Willard St, #302  
\_\_\_\_\_

(Address)

Cocoa, Florida 32922  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew J. Monaghan, Esq.  
\_\_\_\_\_

(Name of Contact Person)

at (321) 639-1320  
\_\_\_\_\_

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

FILED

## ARTICLES OF DISSOLUTION

2015 SEP -3 PM 12:35

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:  
CLAIMS EXPERT GROUP, INC

SECOND: The document number of the corporation (if known): P12000066328

THIRD: The date dissolution was authorized: 8/28/15

Effective date of dissolution if applicable: 8/28/15  
(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: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

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)

GREGORY DARNELL

\_\_\_\_\_  
(Typed or printed name of person signing)

DVP

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

**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: CLAIMS EXPERT GROUP, INC

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:

All claims against CLAIMS EXPERT GROUP, INC must be made in writing and include the name and contact information of the person or entity making the claim, name and contact information of any legal counsel retained to represent the claimant in the matter, the claim amount, basis of the claim and origination date of the claim.

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

All claims and payments must be mailed to:

COMMUNITY CHAMPIONS CORPORATION

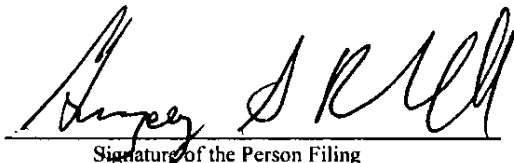
6767 N Wickham Rd Suite 500

Melbourne, FL 32940

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.

GREGORY DARNELL, DVP

Printed Name of the Person Filing

  
Signature of the Person Filing

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