

P12000085464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

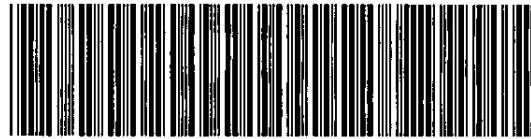
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/14--01044--005 **35.00

~~2004~~ APR 28 PM 12:57

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-01-2001 BY 60322
UCBAW

Mr
5/7/14

MyCorporation®

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free 888-692-6778 | Fax 818-879-8005
Email customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Tuesday, April 22, 2014

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Fulton Insurance, Inc.

Ladies and Gentlemen:

Please find enclosed for filing Articles of Dissolution for the above referenced company.

Enclosed is a check in the amount of \$35.00 for filing.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
Attn: Fulfillment Dept.
23586 Calabasas Rd., Suite 102
Calabasas, CA 91302

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FULTON INSURANCE, INC.

DOCUMENT NUMBER: P12000085464

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

Please return all correspondence concerning this matter to the following:

My Corporation Business Services, Inc.

(Name of Contact Person)

(Firm/Company)

23586 Calabasas Road, Suite 102

(Address)

Calabasas, CA 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Processing Department at (877) 692-6772

(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

ARTICLES OF DISSOLUTION

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

FILED
2014 APR 28 PM 12:57
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

FULTON INSURANCE, INC.

SECOND: The document number of the corporation (if known): P12000085464

THIRD: The date dissolution was authorized: 04/21/2014

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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: Kathleen Fulton

(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)

Kathleen Fulton

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35