FILED
Jan 14, 2025
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

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

YOUR CHOICE FOR INSURANCE, INC.

SECOND: The document number of the corporation: P13000071658

THIRD: The date dissolution was authorized: January 14, 2025

Effective date of dissolution: January 14, 2025

FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: KARIN ALFIERI PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
Jan 14, 2025
Secretary of State

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.

Name of Corporation:

YOUR CHOICE FOR INSURANCE, 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:

STATE THE NATURE OF THE CLAIM - THE TOTAL AMOUNT OWED - DATE CLAIM ORIGINATED.

Mailing address where claims can be sent:

11156 BUCKNER LANE
JACKSONVILLE, FL 32222

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: KARIN ALFIERI

Electronic Signature of the Person Filing