

P140000071984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

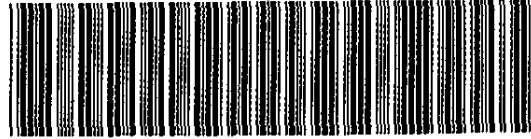
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300264888713

10/09/14--01032--009 **43.75

OCT 17 2014
T. CARTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT - 9 PM 3:24

Dissolution

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FCE Benefit Administrators, Inc.

DOCUMENT NUMBER: P14000071984

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

Please return all correspondence concerning this matter to the following:

Steve Porter

(Name of Contact Person)

FCE Benefit Administrators, Inc

(Firm/Company)

887 Mitten Road

(Address)

Burlingame, CA 94010

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Porter

(Name of Contact Person)

at (650) 341-0306

(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -9 PM 3: 24

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

FCE Benefit Administrators, Inc

SECOND: The document number of the corporation (if known): P14000071984

THIRD: The file date of the articles of incorporation: 8/28/14

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

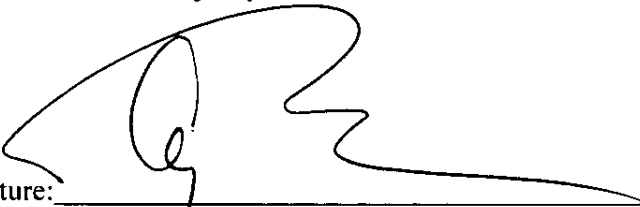
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Gary Beckman

(Typed or printed name of person signing)

CEO

(Title of Person Signing)

Filing Fee: \$35



FCE Benefit Administrators, Inc.
887 Mitten Road
Burlingame, CA
94010-1303

Tel: 650-341-0306
Toll Free: 800-899-0306
Fax: 650-341-7432
corpoffice@fcebenefit.com

October 8, 201

Enclosed please find Corporate Dissolution Form by Florida Corporation and Application by Foreign Corporation for Authorization to Transact Business in Florida.

PLEASE DO NOT SEPARATE.

Thank you.

A handwritten signature in black ink, appearing to be "Steve Porter". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Steve Porter

COO

SP:mm

ENC