

P14000071984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

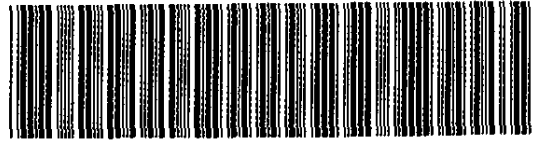
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
14 OCT -9 PM 3:24

OCT 17 2014  
T. CARTER

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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.

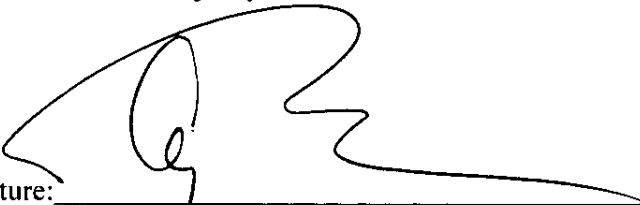
FIFTH: No debt of the corporation remains unpaid.

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', written in a cursive style.

Steve Porter

COO

SP:mm

ENC