## P140000 72142

(Re	questor's Name)	
(Ad	dress)	
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<b>,</b>	<b>,</b>	
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TO ACKNOWLEDGE SUFFICIENCY OF FILMS 2014 SEP -2 7¥ 3:19

C. LEVVIS

SEP 2 2014

EXAMINER

## **COVER L'ETTER**

<b>TO:</b> Amendment Section Division of Corporations	••
SUBJECT: Mount Beacon In	surance Company
DOCUMENT NUMBER: P14000	072142
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	
	5
Bert Combs	
(Name of	Contact Person)
	n/Company)
1316 Betton Road	
Tallahassee, FL 32308	ddress)
	te and Zip Code)
For further information concerning this mat	tter, please call:
Bert Combs	at (850 ) 980-6003
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$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

AMEL

## ARTICLES OF DISSOLUTION

14 SEP -2 PM 3: 27

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:  Mount Beacon Insurance Company
SECOND:	The document number of the corporation (if known): P14000072142
THIRD:	The file date of the articles of incorporation: 08/29/2014
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.
SEXTH:	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.
Sign	ature:  (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.)  (Typed or printed name of person signing)  (Title of Parce Signing)

Filing Fee: \$35