

JUN-27-2016 MON 01:38 PM

FAX:

P.001/003

Division of Corporations

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P14000077719

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

DISSOLUTION OR WITHDRAWAL
EXCURSION INSURANCE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
JUN 28 2016
9:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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Corporate Filing Menu

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16 JUN 27 PM 4:06

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JUN 28 2016

T. LEMIEUX

Dis-notice

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
EXCURSION INSURANCE CORP.

SECOND: The document number of the corporation (if known): P13000077719

THIRD: The date dissolution was authorized: June 22, 2016

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: _____
(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)

Oscar Seikaly

(Typed or printed name of person signing)

Director

(Title of person signing)

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2016 JUN 27 A 9:10
STATE OF FLORIDA
TALLAHASSEE

JUN-27-2016 MON 01:39 PM

FAX:

P.003/003

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Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: EXCURSION INSURANCE CORP.

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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

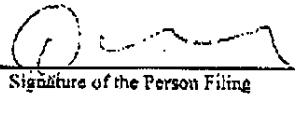
8181 N.W. 154TH STREET, SUITE 230

MIAMI LAKES, FL 33016

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.

Oscar Seikaly

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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