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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates of	of Status		
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Special Instructions to	Filing Officer:	ľ		

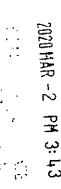
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## **COVER LETTER**

**TO:** Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SUBJECT: Dissolution of Company The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee 💆 \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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:			
		Allied Risk Partners Corp.		
SECOND: The document number of the corporation (if known): P200000 6418			8	
	THIRD:	The file date of the articles of incorporation: $01 - 15 - 1020$	<u>.</u>	
	FOURTH: None of the corporation's shares have been issued.			
	FIFTH:	No debt of the corporation remains unpaid.		
	SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.			
`	SEVENTH	A majority of the incorporators or directors authorized the dissolution.	2020 HAR -	
	Sign	(By a director, president of other officer - if directors or officers have not been selected, by an incin the hands of a receivery trustee, or other court appointed fiduciary, by that fiduciary.)	opporator - if to	
		Jennifer Sanos CPA (Typed or printed name of person signing)		
		(Title of Person Signing)		

Filing Fee: \$35