

11/19/21, 10:48 AM

Division of Corporations

P2000038886

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000427930 3)))



H210004279303ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
2021 NOV 19 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
INSURANCE CONSULTING & ADVISORY SERVICES INC.**

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

NOV 22 2021
S. PRATHER

2021/11/19 PM 12:22

Electronic Filing Menu

Corporate Filing Menu

Help

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:
Insurance Consulting & Advisory Services Inc.

SECOND: The document number of the corporation (if known): P200000038886

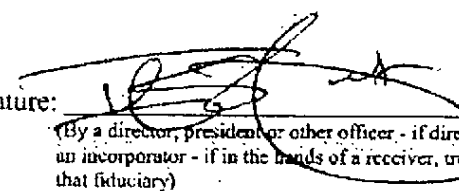
THIRD: The date dissolution was authorized: October 15, 2021

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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

FILED
2021 NOV 19 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Tab Shanafelt, Esq.

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35