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.

(((H230003099043)))



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 : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100 Fax Number : (941)745-2093

> DISSOLUTION OR WITHDRAWAL ACTIVAGE BENEFIT ADVISORS, INC.

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

epennington ablalockwalters com

Electronic Filing Menu Corporate Filing Menu

Help

500 - 1 223

## 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:  Activage Benefit Advisors, Inc.	
ecom.	P20000061586	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: August 30, 2023	
	Effective date of dissolution if applicable:  September 30, 2023	
	(no more than 90 days after dissolution file case)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w not be listed as the document's effective date on the Department of State's records.	ill
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.  Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.  AMIO: 42	
	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)	
	Lyun Morang	
	(Typed or printed name of person signing)	
	President	
	(Tule of person signing)	

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: \_\_\_\_\_Activage Benefit Advisors. Inc. The above named corporation is the subject of dissolution and the effective date of a dissolution is: September 30, 2023 (date filed with the Dept. if date specified in the Anicles of Dissolution) Description of information that must be included in a claim; The written claim must be reasonably specific as to the basis of the claim and the amount of the claim and should include any supporting information tht would assist in evaluating the claim. Mailing address where written claims can be sent; (Claims cannot be sent to the Division of Corporations) Lynn Morning 17 Kettle Cove Road Cape Elizabeth, Maine 04107 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. Lynn Morang Printed Name of the Person Filing

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