

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.

(((H22000155624 3)))



H220001556243ABC

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

RECEIVED

22MAY -3 PM 4: 09

CONTACT BATE STATES

TALLA JASSEE FEL

Division of Corporations

Fax Number : (850)617-6380

Account Name : REZLEGAL, LLC Account Number : I20140000033 Phone : (904)685-9321

Phone : (904)685-9321 Fax Number : (904)567-1066

DISSOLUTION OR WITHDRAWAL EXPOSURE ADVISORY GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Q. SILAS

MAT J 4 2022

Electronic Filing Menu

Corporate Filing Menu

Help

May 3, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPOSURE ADVISORY GROUP, INC. 115 SOLANO ROAD, UNIT C PONTE VEDRA, FL 32082

SUBJECT: EXPOSURE ADVISORY GROUP, INC.

REF: P20000082731

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell FAX Aud. #: H22000155624

Regulatory Specialist II Supervisor Letter Number: 122A00010225

Page: 4

DocuSign Envelope ID: 8DB05F5B-04DB-4509-9C2A-4999B0408BCB

Tallahassee, FL 32314

H22000155624 3

COVER LETTER

Division of Corporations		
SUBJECT: Exposure Advisory Group, Inc.		···
DOCUMENT NUMBER: P20000082731		
The enclosed Articles of Dissolution and	fee are submitted for filing	g.
Please return all correspondence concerni	ng this matter to the follow	ving:
Kendal Schoepfer		
(Name o	f Contact Person)	
RezLegal, LLC		
(Fi	rm/Company)	
816 A1A North, Suite 204		
(,	Address)	
Ponte Vedra Beach, Florida 32082		
(City/S	tate and Zip Code)	
For further information concerning this m	atter, please call:	
Kendal Schoepfer	at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
■ \$35 Filing Fee	& □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:		t Address:
Amendment Section Division of Corporations		ndment Section ion of Corporations
P.O. Box 6327		Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Page: 5

DocuSign Envelope ID: 8DB05F5B-04DB-4509-9C2A-4999B0408BCB

H220001556243

FILED

2022 MAY -3 PM 3: 01

ARTICLES OF DISSOLUTION SECRETARY OF STATE TALL AHASSEE, FI.
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: Exposure Advisory Group, Inc.
SECOND:	The document number of the corporation (if known): P20000082731
THIRD:	The date dissolution was authorized: April 29, 2022
	Effective date of dissolution if applicable: April 29, 2022
	(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.
	Signature: 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)
	Bruce R. Kern
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

Filing Fee: \$35

H22000155624 3

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:
The above named corporation is the subject of dissolution and the effective date of a dissolution is: April 29, 2022
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
Date of event giving rise to claim; nature of claim/description of event giving rise to claim; amount of claim; name and
contact information of claimant; and copies of any written agreement or other documentation supporting claim.
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
113 Sotana Road, Suite C
Ponte Vedra Beach, Florida 32082
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.
DocuSigned by:

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

11220001556312