## \*P93000019029

(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		•
SUBJECT: Dissolution of FMS F	Pension Services	Corp
DOCUMENT NUMBER: P930000	19029	
The enclosed Articles of Dissolution an	d fee are submitted for	filing.
Please return all correspondence concern	ing this matter to the fo	ollowing:
Michael S. Seligsohn		
(Name	of Contact Person)	
FMSBonds, Inc.		
(F	irm/Company)	• •
301 Yamato Road, Suite 2100	) .	A Company of the Comp
	(Address)	7. Sp. 2. 1 1 Sp. 7
Boca Raton, FL 33431		·,
(City/s	State and Zip Code)	
For further information concerning this i	natter, please call:	
Thomas Becker (Name of Contact Person)	at (	368-5284 ext 2413 de & Daytime Telephone Number)
Enclosed is a check for the following am	`	
□\$35 Filing Fee  \$\square\$\$\$\square\$		e & []\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

## 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:				
	FMS Pension Services Corp				
SECOND:	The document number of the corporation (if known): P93000019029				
ΓHIRD:	The date dissolution was authorized: May 31, 2007				
	Effective date of dissolution <u>if applicable:</u> June 30, 2007  (no more than 90 days after dissolution	file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast to was sufficient for approval.	or dissol	ution		
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled			
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)				
	Signature:	08 APR 24	SECRETARY DIVISION OF C		
	(By a director, president or other officer if directors or officers have not been selected, by an incorporator - if in the hands of preceiver, trustee, or other court appointed fiduciary, by that fiduciary)	PM 1:2	COF STATE		
	James A. Klotz	ക	र्क		
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

Filing Fee: \$35