

P95000016812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

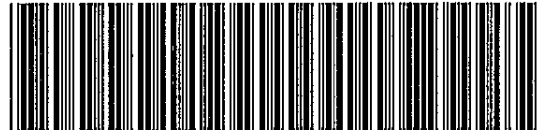
(Document Number)

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Certificates of Status ☒

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12/15/05--01015--013 \*\*43.75

**EFFECTIVE DATE**  
12-31-05

FILED  
05 DEC 15 AM 11:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dissolution with Notice

T BROWN DEC 27 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MHF Insurance Administrators, Inc.

**DOCUMENT NUMBER:** PF95000016812

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen A. Thompson

(Name of Person)

Copeland Thompson Farris PC

(Name of Firm/Company)

231 S. Bemiston, Suite 1220

(Address)

Clayton, MO 63105

(City/State/and Zip Code)

For further information concerning this matter, please call:

Stephen A. Thompson at ( 314 ) 722-2224

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$35 Filing Fee	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

MHF Insurance Administrators, Inc.

SECOND: The document number of the corporation (if known): P95000016812

THIRD: The date dissolution was authorized: October 1, 2005

Effective date of dissolution if applicable: December 31, 2005

(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 for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

**EFFECTIVE DATE**  
12-31-05

\_\_\_\_\_  
(voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

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)

Carl C. Petty, Jr.

(Typed or printed name of person signing)

Chairman

(Title of person signing)

**Filing Fee: \$35**

05 DEC 15 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: MHF Insurance Administrators, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The name and address of Claimant; a brief description of the nature of the claim sufficient to enable the corporation to ascertain the alleged claim from its own books and records; the amount of the claim; the date the claim arose; any writing evidencing or relating to the claim; name and address of contact person on behalf of Claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MHF Insurance Administrators, Inc.

c/o Stephen A. Thompson

Copeland Thompson Farris, PC

231 S. Bemiston, Suite 1220

Clayton, MO 63105

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.

Carl C. Petty, Jr., Chairman

Printed Name of the Person Filing

  
Signature of the Person Filing

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