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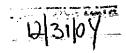
| · | | | | | |
|---|--|--|--|--|--|
| (Requestor's Name) | | | | | |
| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE

AREA SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: | Dissolution | of OrionA | uto General Age | ncy, | Inc. |
|---------------------|---|---------------------------|--|---------------------------------------|--|
| DOCUMEN | T NUMBER: _ | P96000044 | 508 | | |
| The enclosed | Articles of Diss | olution and f | ee are submitted for | filing. | |
| Please return | all corresponder | ce concerning | g this matter to the f | followii | ng: |
| | Judy Spitze | r | | | |
| | | (Name of | Person) | | |
| | Royal & Sun | Alliance | | | |
| | | (Name of | Firm/Company) | · · · · · · · · · · · · · · · · · · · | |
| | 9300 Arrowp | oint Blvd. | , MS1313 | | |
| | | | (Address) | | |
| ٠. | Charlotte, | NC 28273 | | | a∃uti ti yazia |
| | | (City/S | State/and Zip Code) | | |
| For further in | formation conce | rning this ma | tter, please call: | | |
| | Judy Spitze | | at (_ ⁷⁰⁴ | | |
| | (Name of P | erson) | (Area Code | & Day | time Telephone Number |
| Enclosed is a | check for the fo | llowing amou | int: | | |
| ₩ \$35 Filing | | Filing Fee & te of Status | □ \$43.75 Filing For Certified Copy (Additional copy enclosed) | | S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Ame Divi P.O. | LING ADDRESS endment Section ision of Corporati Box 6327 thassee, Florida 3 | ions | | Amer Divis 409 E | ET ADDRESS: Independent Section It is in of Corporations It. Gaines Street It is a section of Corporation o |



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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 Department of State: | | | | | | | |
|---------|--|-------------|--------------------|--|--|--|--|--|
| | OrionAuto General Agency, Inc. | | | | | | | |
| SECOND: | The document number of the corporation (if known): P96000044508 | | 04 OC | | | | | |
| THIRD: | The date dissolution was authorized: October 4, 2004 | TAR RATE | <u></u> | | | | | |
| | Effective date of dissolution if applicable: December 31, 2004 (no more than 90 days after dissolution file | Y OF ST | 04 OCT 12 PM 2: 43 | | | | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | RIDA | <u> </u> | | | | | |
| | Dissolution was approved by the shareholders. The number of votes cast is was sufficient for approval. | for disso | lution | | | | | |
| | ☐ 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 | | | | | | | |
| | (voting group) | | | | | | | |
| | Signed this day of October 2004 | | | | | | | |
| Signa | ture: (By a director, president or other officer, if directors or officers have not been selected, by an incomif in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | irporator - | • | | | | | |
| | if in the hands of a receiver, trustee, or other court appointed reductary, by that fiduciary) | | | | | | | |
| | Judy S. Spitzer (Typed or printed name of person signing) | | | | | | | |
| | Assistant Corporate Secretary | | | | | | | |
| | (Title of person signing) | | | | | | | |

Filing Fee: \$35