BEACON INSURANCE SERVICES, INC.

P. O. Box 160874 Altamonte Springs, FL 32716-0874

Telephone 407-831-0115

February 15, 1998

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Beacon Insurance Services, Inc.

Ana M. Jan.

To Whom It May Concern:

Please be advised that Beacon Insurance Services, Inc. has dissolved their corporation status effective 12-31-97. Please see attached Articles of Dissolution.

A check in the amount of \$43.75 is enclosed; \$35.00 for the filing fee for this transaction and \$8.75 for a certificate of status.

Thanking you in advance for your timely attention to this matter. Please mail the certificate of status to the address listed above.

Thank you,

Donna M. Lain

dml

enclosures

cc: file

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 is: BEACON Insurance STRVKESTING
SECOND:	The date dissolution was authorized: December 15, 1997
THIRD:	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 vote 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)	
Signe	ed this 31 day of December , 19 97
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	Donna MARIE LAIN
	(Typed or printed name)
	PIZES I DENT
	(Title)