

FILED
Aug 22, 2023
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
ASSURANCE SERVICE PLAN, INC.

SECOND: The document number of the corporation: P97000058559

THIRD: The date dissolution was authorized: August 15, 2023
Effective date of dissolution: August 31, 2023

FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: BENJAMIN J. ROBLES PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

ASSURANCE SERVICE PLAN, 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:

BASIS AND NATURE OF CLAIM AND AMOUNT BEING CLAIMED.

Mailing address where claims can be sent:

245 S. CENTRAL AVENUE
BARTOW, FL 33830 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: BENJAMIN J. ROBLES

Electronic Signature of the Person Filing