

Dec. 16, 2015 9:45 AM
Division of Corporations

No. 303
Page 1 of 1

P480000063663

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000294571 3)))



H150002945713ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAW OFFICES OF JOHN E MOORE, III, PLLC
Account Number : I20140000039
Phone : (772) 234-8344
Fax Number : (772) 234-8339

**DISSOLUTION OR WITHDRAWAL
THE ORCHID INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED
15 DEC 16 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help
DEC 16 2015
A RAMSEY

Dec. 16. 2015 9:43AM

No. 1303 P. 2

((H15000294571 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Orchid Insurance Agency, Inc.

DOCUMENT NUMBER: P98000063663

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

Please return all correspondence concerning this matter to the following:

John E. Moore, III, Esquire

(Name of Contact Person)

The Law Offices of John E. Moore, III, PLLC

(Firm/Company)

3240 Cardinal Drive, Suite 200

(Address)

Vero Beach, Florida 32963

(City/State and Zip Code)

For further information concerning this matter, please call:

John E. Moore, III, Esquire

(772) 234-8344

(Name of Contact Person)

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input 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) |
|---|--|---|---|

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H15000294571 3)))

Dec. 16. 2015 9:43AM

No. 1303 P. 3

((H15000294571 3)))

FILED

ARTICLES OF DISSOLUTION 5 DEC 16 PM 6: 54

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:
The Orchid Insurance Agency, Inc.

SECOND: The document number of the corporation (if known): P98000063663

THIRD: The date dissolution was authorized: December 10, 2015

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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)

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)

Bradford R. Emmons

(Typed or printed name of person signing)

President

(Title of person signing)

((H15000294571 3)))

((H15000294571 3)))

Filing Fee: \$35

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: The Orchid Insurance Agency, 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:

Name of Claimant, address of Claimant, amount of claim, reason for claim, any evidence of claim owed including any contracts or invoices with Corporation.

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

1201 19th Place, Suite A-110, Vero Beach, Florida 32960

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.

Bradford R. Emmons

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

((H15000294571 3)))