P98000067405

(Re	questor's Name)	
_ (Ade	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Special Instructions to	riling Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FINRIS

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Fairfax Finance	cial Funding, Inc.
D0000007407	
DOCUMENT NUMBER: P98000067405	
The enclosed Articles of Dissolution and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Shirley M. Colebank (Estate Administ	rator)
(Name of Contact	Person)
Fairfax Financial Funding, Inc.	
(Firm/Comp.	any)
1524 New Amsterdam Way	
(Address)	
Orlando, FL 32818-5704	
(City/State and Z	ip Code)
For further information concerning this matter, plea	ise call:
Shirley M. Colebank (Estate Administrator) at	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\begin{array}{c}\$ \$52.50 Filing Fee, \\ fied Copy & Certificate of Status & \\ Certified Copy & \\ (Additional copy is \\ enclosed) & \end{array}\$
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

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:		
	Fairfax Financial Funding, Inc.		
SECOND:	The document number of the corporation (if known): P98000067405		
THIRD:	The date dissolution was authorized: February 26, 2008		<u> </u>
	Effective date of dissolution if applicable: February 26, 2008	Orille da	PR I
FOURTH:	Adoption of Dissolution (CHECK ONE)	9F.S.	
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	cfor de	solution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitle	d
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Signature: X Shriley M. Colebanh		
	(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)		
	Shirley M. Colebank		
	(Typed or printed name of person signing)		
	Estate Administrator		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

	ubmitted by the dissolved corporation named below for resolution of payment of unknown chaims poration as provided in s. 607.1407, F.S.
This " <i>Notice of</i>	**Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corpo	Pration: Fairfax Financial Funding, Inc.
	tion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of i	information that must be included in a claim:
No claims	are allowed due to death of sole shareholder.
All corpora	te and personal assets were applied to funeral and medical expenses as
provided b	by Florida State Law. Refer to Probate No. 48-2008-CP-000314-O
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	Fairfax Financial Funding, Inc.
	1524 New Amsterdam Way
	Orlando, FL 32818-5704
	t the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
Shirley M.	Colebank (Estate Administrator) 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