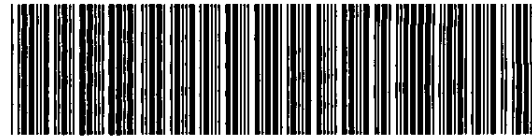


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200189048602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

12/29/10--01010--011 \*\*35.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE  
12/31/2010

40 DEC 29 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

VOIDS  
OFFICIALS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Barbara Smith Martin

(Name of Contact Person)

TAX ID #  
65-0872321

Barbara Smith Martin Insurance Agency Inc

(Firm/Company)

11940 Ashford Lane D11

(Address)

DAVIE FL 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Smith Martin

(Name of Contact Person)

at (954) 962-0841

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$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

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

*Effective Date 12/31/10*

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Barbara Smith Martin Insurance Agency Inc

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

THIRD: The date dissolution was authorized: 12/15/10

Effective date of dissolution if applicable: 12/31/10  
(no more than 90 days after dissolution file date)

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: Barbara Smith Martin, president  
(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)

Barbara Smith Martin  
(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

FILED  
10 DEC 29 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA