

P99000102111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2011 MAY -2 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS.

TBrown 5-10-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL INSURANCE SERVICE PLAN, INC.

DOCUMENT NUMBER: P9900010211

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

Please return all correspondence concerning this matter to the following:

RON RAYMOND

Name of Contact Person

NATIONAL INSURANCE SERVICE PLAN, INC.

Firm/Company

PO BOX 350004

Address

FT LAUDERDALE FL 33335

City/State and Zip Code

RRAYMOND 2601@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON RAYMOND

Name of Contact Person

at (954) 646 3139

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:

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

NATIONAL INSURANCE SERVICE PLAN, INC.

SECOND: The document number of the corporation (if known): P99000102111

THIRD: The date dissolution was authorized: 4-1-2011

Effective date of dissolution if applicable: 4-1-2011
(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: _____

(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)

RONALD A RAYMOND

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35