

S47583

Florida Department of State
Division of Corporations
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**DISSOLUTION OR WITHDRAWAL
INSURANCE BENEFITS, INC.**

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**ARTICLES OF DISSOLUTION
of
INSURANCE BENEFITS, INC.**

Pursuant to Section 607.1403, Florida Statutes, Insurance Benefits, Inc., a Florida corporation (the "**Corporation**"), submits the following Articles of Dissolution:

ARTICLE I

The name of the corporation is Insurance Benefits, Inc. The document number for the Corporation is S47583.

ARTICLE II

The voluntary dissolution of the Corporation is authorized as of 21st of December, 2021 (the "**Effective Date**").

ARTICLE III

The dissolution of the Corporation was approved by the sole shareholder of the Corporation holding all of the issued and outstanding stock of the Corporation entitled to vote.

ARTICLE IV

These Articles of Dissolution shall become effective upon filing by the Department of State, and the Corporation shall be dissolved as of such date.

ARTICLE V

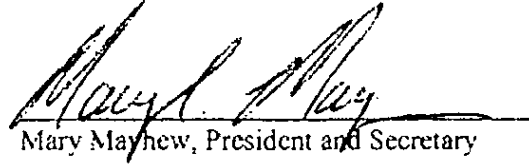
Pursuant to Section 607.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as **EXHIBIT A**.

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IN WITNESS WHEREOF, these Articles of Dissolution are executed as of the Effective
Date.


Mary Mayhew, President and Secretary

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EXHIBIT A
NOTICE OF DISSOLUTION
OF
INSURANCE BENEFITS, INC.

This Notice of Dissolution is submitted by Insurance Benefits, Inc., a Florida corporation (the "**Corporation**"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

ARTICLE I

The name of the Corporation is Insurance Benefits, Inc.

ARTICLE II

The effective date of the voluntary dissolution is the date that the Articles of Dissolution are filed with the Florida Department of State.

ARTICLE III

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
3. The harm suffered by claimant.

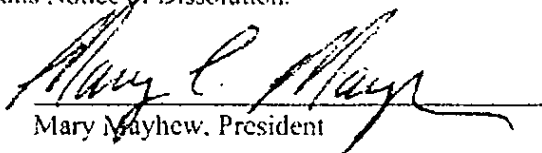
ARTICLE IV

Claims should be mailed to the Corporation at the following address:

Insurance Benefits, Inc.
306 East College Avenue
Tallahassee, Florida 32301

ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.


Mary Mayhew, President

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