580701

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2

(Address)
Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip) (Phone #)

100002533311---2 -05/22/98--01057--022 ******35.00 ******35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): INSURANCE, /h.C. (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Certificate of Status Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment **Profit** Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership 5-22-98 Name Reservation Reinstatement

Trademark

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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 is: Celebration Insurance, Inc.		
		ĭ E E	98
SECOND:	The date dissolution was authorized: May 18, 1998	LAHASS	MM 2:
THIRD:	Adoption of Dissolution (CHECK ONE)	CE, FLORID	2 MII: 5
	olution was approved by the shareholders. The number of votes cast for di sufficient for approval.	ssoluti	
☐ Diss	olution was approved by vote of the shareholders through voting groups.		
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:		
The	number of votes cast for dissolution was sufficient for approval by		
-	(voting group)		-
Signe	a contract of the second of th	·•	
Signature _	musica De		
	(By the Chairman or Vice Chairman of the Board, President, or other officer)		
	Marsha L. Reed (Typed or printed name)	:	
	Assistant Secretary (Title)		