

V01081

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB -9 PM 3:06

Domestic Name
MALLORY SWINSON INSURANCE AGENCY INC
3170 COBBLESTONE DRIVE
PACE, FLORIDA 32571

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

700003672847--8
-02/09/01--01089--006
*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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V. SHEPARD FEB 13 2001

Examiner's Initials

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: MALLORY SWINSON INSURANCE AGENCY, INC.

SECOND: The date dissolution was authorized: FEBRUARY 1, 2001

THIRD: 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 vote of 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)

Signed this 5TH day of FEBRUARY, 2001.

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

EDWARD S. SWINSON, VICE PRESIDENT

(Typed or printed name)

(Title)