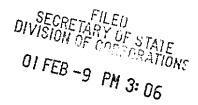
MALLORY SWINSON INSURANCE AGENCY INC 3170 COBBLESTONE DRIVE PACE, FLORIDA 32571 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Will wait ☐ Photocopy Certificate of Status ☐ Mail out **NEW FILINGS AMENDMENTS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

V. SHEPARD

Examiner's Initials

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: MALLORY SWINSON INSURANCE AGENCY, INC.	
SECOND:	The date dissolution was authorized: FEBRUARY 1, 2001	
THIRD:	Adoption of Dissolution (CHECK ONE)	
☑ Dis was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
Diss	solution was approved by vote of the shareholders through voting groups.	
Ti er	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)	
Sign	ed this 5TH day of FEBRUARY , 2001.	/ • · · • • · · ·
Signature	Gedwal Druin	ين جي
	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	EDWARD S. SWINSON, VICE PRESIDENT	
	(Typed or printed name)	
		· · · · · · · · · · · · · · · · · · ·
	(Title)	