

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State

KIMBERLEY PERONDI

*Deputy Secretary
for Commercial Recordings*



Commercial Recordings Division

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OFFICE OF THE
SECRETARY OF STATE

ROMMEL ADAO
REGULATORY SVS GROUP
100 PINE ST STE 1200
SAN FRANCISCO, CA 94111

Job:C20190312-0378
March 19, 2019

Special Handling Instructions:

DISS REG MAIL ON 3/20/19 DJM

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Dissolution	20190109117-11	3/11/2019 7:47:34 AM	1	\$100.00	\$100.00
Total					\$100.00

Payments

Type	Description	Amount
Check	Check #00077397	\$50.00
Transfer	Transfer from C20190220-1853	\$50.00
Total		\$100.00

Credit Balance: \$0.00

Job Contents:

File Stamped Copy

1

ROMMEL ADAO
REGULATORY SVS GROUP
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SAN FRANCISCO, CA 94111



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov



130205

Certificate of Dissolution

(PURSUANT TO NRS 78.580)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20190109117-11 Filing Date and Time 03/11/2019 7:47 AM Entity Number E0455462008-5
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Dissolution For a Nevada Profit Corporation

Before or After Issuance of Stock and After Beginning of Business
(Pursuant to NRS 78.580)

1. Name of corporation:

PROAIR Risk Retention Group, Inc.

2. Entity or NV I.D. number:

E0455462008-5

3. The resolution to dissolve said corporation has been approved by the directors or both the directors and stockholders as provided in NRS 78.580(1) and (2). The names and addresses of the **president, secretary, treasurer and all directors*** are:

David E. Wilson
Name of president

100 Pine St., Suite #1200, San Francisco, CA 94111
Address

Pursuant to court approved Receivership Order dated 11/12/14, all Officers and Directors were enjoined from transacting any further business on behalf of PROAIR Risk Retention Group, Inc.

Name of secretary

Address

Name of treasurer

Address

Name of director

Address

Name of additional director, if any

Address

4. Effective date and time of dissolution:(optional) Date:

Time:

5. Signature: (required)

(must not be later than 90 days after the certificate is filed)

X *David E Wilson*

Signature of Officer

2/13/2019

Date

*attach a plain 8 1/2" x 11" sheet to list additional directors.

FILING FEE: \$100.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Dissolution Profit-After
Revised: 3/17/2017



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**Affidavit of
Non-Operation**
(MUST BE NOTARIZED)

ABOVE SPACE IS FOR OFFICE USE ONLY

Date: 02/13/2019

Entity Name: PROAIR Risk Retention Group, Inc.
(as registered with the Nevada Secretary of State's Office)

Entity Number: E0455462008-5

Nevada Business Identification Number (NVID): NV20081266620

I, David E. Wilson, Receivership Manager, swear under penalty of
(Officer Name) (Officer Title)

perjury, that PROAIR Risk Retention Group, Inc.
(Entity Name)

has not conducted business activities since 11/12/2014.
(Date)

Officer Signature X David E Wilson

State of _____
County of _____

Subscribed and sworn to before me the _____ 20 _____

by _____
(Print Name of Signer)

RESET

Notary Signature X

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me
 on this 13TH day of FEBRUARY, 2019
 by Date Month Year
 (1) DAVID E. WILSON

(and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature Rommel R. Adao
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT OF NON-OPERATION Document Date: 2/13/19
 Number of Pages: 1 Signer(s) Other Than Named Above: N/A