

_____ CREDIT UNION

CERTIFICATE OF DISSOLUTION

The duly appointed and acting liquidator of the Credit Union does hereby certify that:

1. The Board of Directors and the members of the Credit Union have voted and taken all actions for the Credit Union to be voluntarily dissolved in accordance with S. 657.064, Florida Statutes, and that all notices required by the statute were duly and properly given.

2. On _____, 20____, the undersigned was appointed as Liquidator for the Credit Union.

3. All assets of the Credit Union from which there was a reasonable expectancy of realization have been liquidated and the proceeds distributed to the members.

4. The Credit Union has no remaining assets and the liquidation of the Credit Union has been completed.

5. It is appropriate that the Certificate of Authorization to transact business as a credit union under the laws of Florida be cancelled.

Dated this ____ day of _____, 20____.

As Liquidator of _____ Credit Union

This will certify that a copy of the foregoing Certificate of Dissolution has been filed with the Office of Financial Regulation, State of Florida, this _____ day of _____, 20____.