

754069

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900051839439

05/09/05--01057--016 **43.75



613/05 D:55.

The Learning Place



P.O. Box 914 Milton, Florida 32572

May 4, 2005

To Whom it May Concern:

This letter is to confirm the request for the dissolution of articles for The Learning Place, Inc., a Florida not for profit corporation. I am sending a check for the dissolution fee of \$35 and \$8.75 for one certified copy to be sent to the address below.

We would like the official date of the dissolution to be June 3, 2005. Please contact me with any further questions.

Sincerely,

Denise Mayne

Denise Mayne

Director

The Learning Place, Inc. P.O. Box 914
Milton, FL 32572

850-626-8080



ARTICLES OF DISSOLUTION

THE SECRETARY STATES

Pursuant to section 617,1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is The Learning Place Inc.
FIRST: The name of the corporation is The Learning Place, Inc. SECOND: The articles of incorporation were filed on September 8, 1980
THIRD: The corporation has not commenced to conduct its affairs.
FOURTH: No debts of the corporation remain unpaid.
FIFTH: Adoption of dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
The dissolution was authorized by a majority of the directors: OR
☐ The dissolution was authorized by an incorporator.
☐ The dissolution was authorized by a majority of the incorporators.
Signed this 4005 day of May , 2005 .
Signature (By the Chairman or Vice Chairman of the Board of Directors, President or other officer if Directors have not been selected by an incorporator)
Denettio To Jalomo (Typed or printed name)
Pras de (Title)