N0400003631

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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: The Veritas School, Inc.		
DOCUMENT NUMBER: N04000036	31	
The enclosed Articles of Dissolution and fee a	re submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Luronda Joye		
(Name of C	ontact Person)	
The Veritas School, Inc		
(Firm/C	Company)	
10153 West US Highway 90		
(Add	ress)	,
Lake City, Florida 32055		
(City/State a	nd Zip Code)	
For further information concerning this matter,	please call:	
Luronda Joye	at (386) 867.4	757
(Name of Contact Person)		meTelephone Number)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & [Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET	ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

FILED

Articles of I	Dissolution:
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	The Veritas School, Inc.
SECOND:	The document number of the corporation (if known): N0400003631
THIRD:	The file date of the articles of incorporation: 04/05/2004
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	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.
Sign	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver trustee, or other court appointed fiduciary, by that fiduciary)
	Luronda Smith Joye (Typed or printed name of person signing)
	Administrator (Title of person signing)

Filing Fee: \$35