N06000004280

	<u></u>
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	е)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



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12/23/13--01011--012 **43.75



S. HAWKES

DEL 3 0 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution		
DOCUMENT NUMBER: NO600000	94280	
The enclosed Articles of Dissolution and fee are	e submitted for fil	ling.
Please return all correspondence concerning this	matter to the foll	owing:
Michael P. McManmon		
Student Education Develop		d, Inc.
3692 N. Wickham Road	ompany)	
Melbourne, FL 32935	ess)	
(City/State an	d Zip Code)	
For further information concerning this matter, [
Suraj Kamath	_{at} (413	344-4109 x 18 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount:		
□ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	_	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D C	FREET ADDRESS: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	The name of the corporation as currently filed with the Florida Department of State: Student Education Development Fund, Inc. The document number of the corporation (if known): N06000004280
SECOND:	The document number of the corporation (if known): N06000004280
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)
	SECTION I If the corporation has members entitled to vote:
	(CHECK/COMPLETE ONE) ■ The date of meeting of members at which the resolution to dissolve was adopted
	November 30, 2013 . The number of votes cast by the members was sufficient for approval.
	☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:
	The corporation has no members or members entitled to vote on the dissolution.
	The date of adoption of the resolution by the board of directors was
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)
FOURTH	Effective date of dissolution, <u>if applicable</u> : December 31, 2013 (no more than 90 days after dissolution file date)
Signature:	/ho
-	(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)
	Michael P. McManmon
	(Typed or printed name of person signing)
	President

Filing Fee: \$35

(Title of person signing)

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation	Student Education Development Fund, Inc.
Date of dissolution v specified in the Arti	will be the date the dissolution is filed with the Department of State or as cles of Dissolution.
Description of inform	mation that must be included in a claim:
Name, acco	ount number, invoice number, date(s) of service
	TAPE PARE TO SECOND TO SEC
	SSEE BONE
Mailing address who	ere claims can be sent: (Claims cannot be sent to the Division of Corporations)
C	IP National Office
19	99 South Street
Pi	ttsfield, MA 01201
_	above named corporation will be barred unless a proceeding to enforce the claim is commenced the filing of this notice.
Michael P.	McManmon // Z

Printed Name of the Person Filing