

ND90000007189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRM
3-17-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEARNING IS FOR EVERYONE ACADEMY, INC/

DOCUMENT NUMBER: N09000007189

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Daniel Beirute

(Name of Contact Person)

LAW OFFICE OF DAN BEIRUTE

(Firm/Company)

9175 S. Yale Ave., Ste. 280A

(Address)

Tulsa, OK 74137

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Daniel Beirute

(Name of Contact Person)

at **(918)**

(Area Code)

392-1956

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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15 MAR 16 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

FILED
15 MAR 16 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 as currently filed with the Florida Department of State:
LEARNING IS FOR EVERYONE ACADEMY, INC.

SECOND: The document number of the corporation (if known): N09000007189

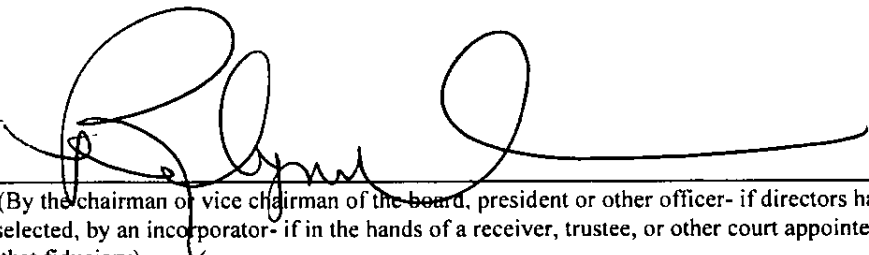
THIRD: The file date of the articles of incorporation: 7/23/2009

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.

Signature: 
(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)

Robyn Wilkerson

(Typed or printed name of person signing)

Incorporator / President

(Title of person signing)

Filing Fee: \$35

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(Address)

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(City/State and Zip Code)

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(Name of Contact Person)

at (**918**)

(Area Code)

392-1956

(Daytime Telephone 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)

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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☒ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: _____

(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)

Robyn Wilkerson

(Typed or printed name of person signing)

Incorporator / President

(Title of person signing)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FILED

Filing Fee: \$35