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·		(Requestor's Name)
		(Address)
		(Address)
		(City/State/Zip/Phone #)
•		(Business Entity Name)
Certi	ied ((Document Number) Copies Certificates of Status
Spe	cial	Instructions to Filing Officer:
		Office Use Only



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SECRETARY OF STATE

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-5/11/ 03/2/N

COVER LETTER

SUBJECT: Dissolution of 'Accrediting Council for Career Certification and Training'								
DOCUMENT NUMBER: N10000010516								
The enclosed Articles of Dissolution and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Brian C. Fields								
(Name of Contact Person)								
(Firm/Company)								
25 S. Jungleplum Ct								
(Address)								
Homosassa, FL								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Brian Fields at (352) 634 4547								
(Name of Contact Person) (Area Code & DaytimeTelephone Number)								
Enclosed is a check for the following amount:								
✓ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)								

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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

ARTICLES OF DISSOLUTION

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	e :		
	Accrediting Council for Career Certification and Training			
SECOND:	The document number of the corporation (if known): N10000010516			
ГHIRD:	The file date of the articles of incorporation: 11/10/2010			
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	SECRE TALL AH	二本語	
	☑ The dissolution was authorized by an incorporator.	TARY ASSE	25	
	☐ The dissolution was authorized by a majority of the incorporators.	LIARY OF STATE	PM 3: -	
Signa	(By the chairman or vice chairman of the board, president or other officer- if directors have not selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fidu that fiduciary)	t been	C¢	
	Brian C. Fields			
	(Typed or printed name of person signing)			
	President / Incorporator			
	(Title of person signing)			

Filing Fee: \$35