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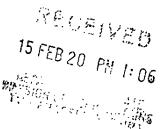
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**



January 12, 2015

LOIS BECKFORD 2114 N FLAMINGO RD #1134 PEMBROKE PINES, FL 33028

SUBJECT: SUCCESS FOR EVERYONE SPECIALIZED EDUCATIONAL SERVICES, INC.

Ref. Number: N14000002925

We have received your document for SUCCESS FOR EVERYONE SPECIALIZED EDUCATIONAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 815A00000597

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations | |
|--|---|
| SUBJECT: | |
| DOCUMENT NUMBER: NIHOC | 0000 2925 |
| The enclosed Articles of Dissolution and fee | are submitted for filing. |
| Please return all correspondence concerning the | nis matter to the following: |
| Lois Bec | Kford Contact Person) |
| Success for Everyor | ne Specialized Educ. Sucs |
| 4614 N University | ddress) |
| Lauderhill, FL 33 | 351 |
| (City/State | and Zip Code) |
| For further information concerning this matter | , please call: |
| Lois Beckford (Name of Contact Person) | _at (454) <u>531-3833</u> |
| Enclosed is a check for the following amount: | (Arca Code) (Daytime Telephone Number) |
| <u> </u> | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section | STREET ADDRESS: Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FEB 20 AM II: 15

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: Success for Everyone Spec. Ed. Svcs. | | |
|---------|---|--|--|
| SECOND: | The document number of the corporation (if known): N14 0000029 25 | | |
| THIRD: | The file date of the articles of incorporation: $4/1/2014$ | | |
| 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. | | |
| Signa | (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) | | |
| | Lois Becktord (Typed or printed name of person signing) | | |
| | President (Title of person signing) | | |

Filing Fee: \$35

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: Success for Everyone Spec. Ed. Svcs. |
| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. |
| Description of information that must be included in a claim: |
| No business was conducted, therefore claims are |
| not anticipated. However, should any arise, |
| proof of the right to a claim with a copy of |
| the contract between the parties must be |
| included |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| 2114 N. Flamingo Rd # 1134 |
| Pembroke Pines FL 33028 |
| |
| |
| |
| A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. |
| |
| Love Beckford Salet |

Printed Name of the Person Filing