

May. 17. 2017 1:35 PM  
5/17/2017

PD2000005073

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

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17 MAY 17 PM 2:15  
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TALLAHASSEE FLORIDA

DISSOLUTION OR WITHDRAWAL  
BRILLIANCE INSTITUTE, INC.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

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MAY 18 2017  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Brilliance Institute, Inc.

**DOCUMENT NUMBER:** P02000005073

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

Please return all correspondence concerning this matter to the following:

Amy Jellicorse, Esq.

(Name of Contact Person)

Zimmerman Kiser Sutcliffe, P.A.

(Firm/Company)

315 E. Robinson Street, Suite 600

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Jellicorse

at (407-425-7010)

(Name of Contact Person)

(Area Code) (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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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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17 MAY 17 PM 2:16  
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TALLAHASSEE FLORIDA

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## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

**FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
Brilliance Institute, Inc.

**SECOND:** The document number of the corporation (if known): P02000005073

**THIRD:** The date dissolution was authorized: May 17, 2017

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**FOURTH:** Adoption of Dissolution (CHECK ONE)

- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Simon T. Bailey

\_\_\_\_\_  
(Typed or printed name of person signing)

President and Director

\_\_\_\_\_  
(Title of person signing)

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TALLAHASSEE, FLORIDA

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**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. 607.1407, F.S.

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

Name of Corporation: Brilliance Institute, Inc.

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:

1. Name of alleged creditor individual or entity.
2. Contract or other evidence of service/vendor or customer relationship.
3. Amount of alleged outstanding debt or services owed.
4. Accounting of alleged outstanding payments.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P O BOX 2475 WINDERMERE, FL 34786

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.

Simon T. Bailey

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**

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