

PO7000065289

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GREENBERG TRAUIG - FORT LAUDERDALE
Account Number : I20040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

**DISSOLUTION OR WITHDRAWAL
TECHNOLOGICAL UNIVERSITY OF AMERICA, INC.**

Certificate of Status	0
Certified Copy	1
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FILED
14 MAY -9 PM 5:00

ARTICLES OF DISSOLUTION
OF
TECHNOLOGICAL UNIVERSITY OF AMERICA, INC.

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Florida for Profit Corporation submits the following Articles of Dissolution for the purpose of dissolving the Corporation:

1. The name of the corporation as currently filed with the Florida Department of State is **TECHNOLOGICAL UNIVERSITY OF AMERICA, INC.**, a Florida corporation (the "Corporation").
2. The document number of the Corporation is P07000065289.
3. The Corporation authorized the dissolution by a written consent of the Board of Directors and a majority of the shareholders dated as of the 30 day of April, 2014. The effective date of the dissolution shall be the date these Articles of Dissolution are filed with the Florida Department of State.
4. The dissolution was approved by a written consent of shareholders holding a sufficient number of votes to approve the dissolution.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution, on behalf of the Corporation, to be effective on the 7 day of May, 2014.

me

Name: CANDACE ALLEN

Title: Director

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14 MAY -9 PM 5:00

NOTICE OF CORPORATE DISSOLUTION
OF
TECHNOLOGICAL UNIVERSITY OF AMERICA, INC.

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407 of the Florida Statutes.

1. The name of the corporation is Technological University of America, Inc. (the "Corporation").
2. The date of dissolution will be the date the Articles of Dissolution of the Corporation are filed with the Department of State.
3. Description of Information that must be included in a claim:
 - (a) Claimant's name;
 - (b) Claimant's address;
 - (c) Claimant's telephone number;
 - (d) A description of the claim, including any supporting documentation as may be necessary.
4. Mailing address where claims can be sent: Todd R. Bomser, CPA, Clotteman, Bomser & Company, 8211 West Broward Boulevard, Suite 440, Plantation, FL 33324
5. A claim against the Corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

IN WITNESS WHEREOF, the undersigned has executed this Notice of Corporate Dissolution, on behalf of the Corporation, to be effective on the 7 day of May, 2014.

Signature
Name: Todd R. Bomser
Title: President