## P08000090919

| (Re                     | equestor's Name)  | )           |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
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| (Cit                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Na  | me)         |
| (Do                     | cument Number     | )           |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: ALPHA EDUCATION INSTITUTE, INC.  |  |  |
| DOCUMENT NUMBER: <u>\$08000090919</u>   |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |
| PATRICK BUCHANAN (Name of Contact Person)   |  |  |
|   |  |  |
| TEPHA FOUCATION INSTITUTE, INC. (Firm/Company)  |  |  |
|   |  |  |
| 5460 NORTH STATE RODD 7 # 120 (Address)   |  |  |
|   |  |  |
| MORTH LAUDENDALE FC 33319 (City/State and Zip Code)   |  |  |
| (Chy/State and Zip Code)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| PATRICIL BUCHANAN at (954) 816-4635  (Name of Contact Person) (Area Code & Daytime Telephone Number)  |  |  |
| Enclosed is a check for the following amount:   |  |  |
| ·   |  |  |
| S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status &  (Additional copy is certified Copy enclosed)  (Additional copy is enclosed)  **TREET ADDRESS:**  Amendment Section |  |  |
| MAHLING ADDRESS:  Africandment Section  Division of Corporations  Other Publisher   |  |  |
| Division of Corporations  Division of Corporations  |  |  |
| P.O. Box 6327 Cinton Building   |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301  |  |  |

## ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits life fallbums 3 rticles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: ALPHA EDUCATION INSTITUTE, INC. The document number of the corporation (if known): POBOOOO 90 919 SECOND: The date dissolution was authorized: November 11, 2011 THIRD: Effective date of dissolution if applicable: November 23, 20//
(no more than 90 days after dissolution file date) FOURTH: Adoption of Dissolution (CHECK ONE) X 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) PATRICK BUCHANAN
(Typed or printed name of person

VICE PRESIDENT

Filing Fee: \$35