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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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THE STATIONS OF CORPORATIONS STATIONS S

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Co	rporation
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
Debra S	
(Name of Contact Pers	*
lutoring by	1 Teachers Inc.
5312 Deer Cree (Address)	K Dr.
Orlando, 7L 3	32821
(City/State and Zip C	ode)
For further information concerning this matter, please c	all:
Brooke Cope at (2) (Name of Contact Person)	739-4385 Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	al copy is Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassaa El 32314	766 L Executive Center Circle

Tallahassee, FL 32301

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:		
	Tutoring by Teachers, Inc.		
SECOND:	\mathcal{O}		
THIRD:	The date dissolution was authorized: 12/31/10		
	Effective date of dissolution if applicable: 12/31/10 (no more than 90 days after dissolution file date)		
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		
	The number of votes cast for dissolution was sufficient for approval by Brooke Cope Debra Smith (voting group)		
	ज हैं। जिस्ती		
	Signature: Pollow Signature: And Signature: Oby 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)		
	Brooke N. Cope Debra Smith (Typed or printed name of person signing)		
	President President (Title of person signing)		

Filing Fee: \$35