

P10000075739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

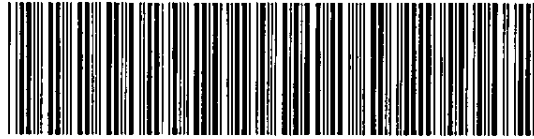
(Business Entity Name)

(Document Number)

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TO ACKNOWLEDGE

15 DEC 17 AM 9:43

DEC 18 2015

C LEWIS

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 12-17-15

NAME: EDUMETRIX INC

TYPE OF FILING: DISSOLUTION

COST: 35.00 + 8.75

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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:

EDUMETRIX INC.

SECOND: The document number of the corporation (if known): P10000075739

THIRD: The date dissolution was authorized: December 15, 2015

Effective date of dissolution if applicable: December 31, 2015

(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)

JOHN STUPPY

(Typed or printed name of person signing)

President, Sole Director, Sole Shareholder

(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
15 DEC 17 AM 9:43

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: EDUMETRIX 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:

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DIVISION OF CORPORATIONS

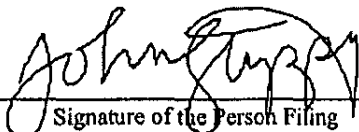
Amount of claim, claimant's name and address, description of claim, date of claim

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

MICHAEL R. MORRIS, Esq.
1888 Century Park East, Suite 1100
Los Angeles, CA 90067

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.

JOHN STUPPY
Printed Name of the Person Filing


Signature of the Person Filing