P11000022259

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CONFORALION

ANT DISSICC WINDFICE (10) 1/13

COVER LETTER

| £ | dment Section off of Corporations | | | \$ |
|------------------------------|---|---|--|-----------------|
| DIVISIO | ni oi corporations | | | |
| SUBJECT: S | choolman Enterprise | s, Inc. | | |
| | | | and a side of Asset Service | |
| DOCUMENT | NUMBER: P11000022 | 2259 | | |
| The enclosed A | articles of Dissolution and fe | ee are submitted fo | r filing. | |
| Please return al | ll correspondence concerning | this matter to the | following: | |
| Mary Dohr | | | | |
| <u> </u> | (Name of (| Contact Person) | | |
| Spencer Fa | ane Britt & Browne, L | LP | | |
| | (Firm | n/Company) | | |
| 1 N. Brentw | vood Blvd., Suite 100 | 0 | | • |
| | | ldress) | | |
| St. Louis, M | 1O 63105 | | | |
| | | e and Zip Code) | | |
| For further info | ormation concerning this mat | ter, please call: | | |
| Mary Dohr | | at (314 | 863-7733 | |
| (Nan | ne of Contact Person) | | ode & Daytime Teler | phone Number) |
| Enclosed is a cl | heck for the following amou | nt: | | |
| □\$35 Filing Fo | ee \$\int \\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing F Certified Copy (Additional copy enclosed) | ee & 🗸 \$52.50 Filir Certificate of Vis Certified Co (Additional enclosed) | of Status & opy |
| Amendi Divisio P.O. Bo | MG ADDRESS: ment Section on of Corporations ox 6327 assee, FL 32314 | | STREET ADDRESS: Amendment Section Division of Corporat Clifton Building 2661 Executive Cen | tions |

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: | | | |
|---------|---|--------------------------|--|--|
| | Schoolman Enterprises, Inc. | | | |
| SECOND: | The document number of the corporation (if known): P11000022259 | | | |
| THIRD: | The date dissolution was authorized: October 29, 2012 | | | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file | e date) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | |
| | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval. | r dissolution | | |
| | Dissolution was approved by the shareholders through voting groups. | | | |
| | The following statement must be separately provided for each voting group entito vote separately on the plan to dissolve: | itled | | |
| | The number of votes cast for dissolution was sufficient for approval by | | | |
| | | . 1 | | |
| | (voting group) | 3 14 500 | | |
| | | JAN 31 | | |
| | Signature: (By a director, president or other officer - if directors or officers have not been selected, by | CY OF STATE CORPORATIONS | | |
| | an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | S80 E | | |
| | Benjamin L. Schoolman | | | |
| | (Typed or printed name of person signing) | | | |
| | President | | | |
| | (Title of person signing) | | | |

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: Schoolman Enterprises, 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: |
| All claims must include the following information: (a) the name and address of |
| the claimant, (b) the amount claimed, (c) the basis for the claim and documentation |
| thereof, and (d) the date(s) of events(s) on which the claim is based occurred. |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| Jeffrey D. Figge, Esq. |
| 1 N. Brentwood Blvd. |
| Suite 1000 |
| St. Louis, MO 63105 |
| 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. |
| Benjamin Schoolman 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