

P920000000742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

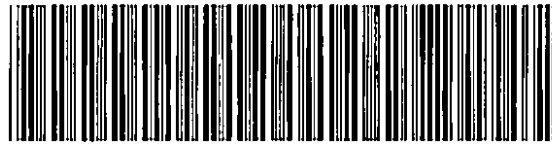
(Business Entity Name)

(Document Number)

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000420632630

dissolution of  
inactive corporation

FILED  
2023 DEC 27 PM 12:05  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 DEC 27 AM 11:17  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

A. RAMSEY

DEC 28 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 228509 7721272

AUTHORIZATION :

*Capital One*

COST LIMIT : \$35.00

ORDER DATE : December 26, 2023

ORDER TIME : 8:44 AM

ORDER NO. : 228509-010

CUSTOMER NO: 7721272

DOMESTIC FILINGS

NAME: SCHOOL OF HEALTH CAREER, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Amendment Section  
Division of Corporations

Dissolution of School of Health Career, Inc.

SUBJECT: \_\_\_\_\_

1920XXXX0742

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariel Kirshenbaum

\_\_\_\_\_  
(Name of Contact Person)

Satz Law Group LLC

\_\_\_\_\_  
(Firm/Company)

277 Fairfield Road, Suite 212

\_\_\_\_\_  
(Address)

Fairfield, NJ 07004

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ariel Kirshenbaum

973-251-2949

at (

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810

FILED

2023 DEC 27 PM 12 05

CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT

### 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:  
SCHOOL OF HEALTH CAREER, INC.

192000000742

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

12/26/23

THIRD: The date dissolution was authorized:

Effective date of dissolution if applicable:

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:

*Stephen Schwartz*

(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)

Stephen Schwartz

(Typed or printed name of person signing)

Chief Financial Officer

(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: SCHOOL OF HEALTH CAREER, INC. 12/23

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

\_\_\_\_\_  
(date filed with this Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

707 Westchester Avenue

Suite 411

White Plains, NY 10604

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.

Stephen Schwartz

\_\_\_\_\_  
Printed Name of the Person Filing

Stephen Schwartz  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00