## P93000016161

| (Requestor's Name)                       |
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| (Address)                                |
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| (Address)                                |
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| (City/State/Zip/Phone #)                 |
| <u>_</u>                                 |
| PICK-UP WAIT MAIL                        |
|  |
| (Business Entity Name)                   |
|  |
| (Document Number)                        |
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| Certified Copies `Certificates of Status |
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| Special Instructions to Filing Officer:  |
| Special instructions to Plining Officer. |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEF ELOPIO

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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |  |
|--|--|
| SUBJECT: TECHNICAL NETWORK   | SE TRAINING INC  |
| DOCUMENT NUMBER: P93000161   | 6/   |
| The enclosed Articles of Dissolution and fee are submitted for   | filing.  |
| Please return all correspondence concerning this matter to the fo  | following:   |
| Name of Contact Person)  |  |
| (Name of Contact Leison)   |  |
| (Firm/Company)   |  |
| 5/636 CLAMES LAWRENCE (Address)  | PARKWAY_   |
| GRANGER, N 46530 (City/State and Zip Code)   |  |
| For further information concerning this matter, please call:   | ·  |
| Cloud V NEWS at (574) (Name of Contact Person) (Area Co  | de & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:  |  |
| \$\int_\$35 Filing Fee \$\int_\$43.75 Filing Fee & \$\int_\$\$43.75 Filing Fee & Certified Copy (Additional copy enclosed) | e & \$\inspeces \text{\$\subseteq \text{\$\text{\$\text{52.50 Filing Fee,}}}\$} \\ \text{Certificate of Status & }\\ \text{Certified Copy }\\ \text{(Additional copy is enclosed)} \end{array} |
| Amendment Section Division of Corporations P.O. Box 6327   | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle   |

Tallahassee, FL 32301

John V. Newlands 51636 James Lawrence Parkway Granger, IN 46530 June 17, 2009

Amendment Section Division of Corporations PO Box 6327 Tallahasse, FL 32314

Subject: Corporate Dissolution

Technical Network of Training, Inc

Document Number P93000016161 FEI/EIN Number 650392129

Dear Sirs:

I (John V. Newlands) am the Personal Representative for the Estate of Benjamin H. Newlands, III. Enclosed are certified copies of my 'Letters of Administration' and Death Certificate.

I am not aware of any stockholders other than Benjamin H. Newlands, III nor any outstanding claims against this corporation.

I would like to voluntarily dissolve this corporation.

Enclosed is a check in the amount of \$43.75 for the filing fee and Certificate of Status. Please mail this to:

John V. Newlands 51636 James Lawrence Parkay Granger, IN 46530

If any additional information concerning this matter is required, please contact me at (574) 210-5828.

Thank you for your assistance in this matter.

John V. Newlands

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 S   | tate:           |          |
|----------|---|-----------------|----------|
|          | TECHNICAL NETWORK OF TRAINING, INC  |                 |          |
| SECOND:  | The document number of the corporation (if known): <u>P930000/6/6</u>   |                 |          |
| THIRD:   | The file date of the articles of incorporation: 02/25/1993  | =               | <u> </u> |
| FOURTH:  | (CHECK AT LEAST ONE BOX)  | ALC:R           | JU 60    |
|          | None of the corporation's shares have been issued.  | HASSE           | 8- J     |
|          | The corporation has not commenced business.   | OF S1<br>E, FL( | AH 9:    |
| FIFTH:   | No debt of the corporation remains unpaid.  | ATE             | <b>5</b> |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.   | ed              |          |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)   |                 |          |
|          | A majority of the incorporators authorized the dissolution.   |                 |          |
|          | A majority of the directors authorized the dissolution.   |                 |          |
|          |   |                 |          |
|          |   |                 |          |
| Signa    | (By a) director, president or other officer - if directors or officers have not been selected, by an incorporation to hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | rator - if      |          |
|          | (Typed or printed name of person signing)   |                 |          |
|          | TERSONAL REPRESENTATIVE (Title of Person Signing)   |                 |          |

Filing Fee: \$35

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY, FLORIDA

IN RE: ESTATE OF

PROBATE DIVISION File Number

BENJAMIN H. NEWLANDS, III,

Deceased.

50 20 0 9 CP 00 26 9 1 XXXX NB

## LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, BENJAMIN H. NEWLANDS, III, resident of Palm Beach County, Florida, died on May 27, 2009, owning assets in the State of Florida, and

WHEREAS, JOHN V. NEWLANDS has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of letters of administration in the estate, with full power to administer the estate according to law; to ask, demand, sue for, recover, and receive the property of the decedent and to act for and in the name of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

WITNESS my hand and seal of this court this day of

2009.

STATE OF FLORIDA . PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.