

P98000010840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

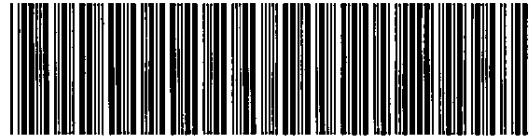
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/14--01003--004 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 29 PM 4:24

C. Lewis
10-7-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOCATIONAL INSTITUTE OF FLORIDA, INC.

DOCUMENT NUMBER: P98000010840

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

Please return all correspondence concerning this matter to the following:

Joseph Villate

(Name of Contact Person)

Joseph Villate CPA, PA

(Firm/Company)

250 Catalonia Avenue, STE 506

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Villate

(Name of Contact Person)

at (305) 541-4714

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 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:

VOCATIONAL INSTITUTE OF FLORIDA, INC.

SECOND: The document number of the corporation (if known): P98000010840

THIRD: The date dissolution was authorized: 09/21/2014

Effective date of dissolution if applicable: 09/21/2014
(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

(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)

Mimi Samour

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

16th FL
DEPT OF STATE
DIVISION OF CORPORATIONS
14 SEP 29 PM 4:24

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: VOCATIONAL INSTITUTE OF FLORIDA, 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:

For any claim related to the Department of Education,
please call the Department of Education at 850-245-3200.

You will need your Social Security Number and dates of your
attendance dates at VOCATIONAL INSTITUTE OF FLORIDA, INC.

Refer to License# 2025.

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

You call Department of Education at 850-245-3200
or you may write may also write to:
Department of Education
400 Maryland Ave SW, Washington, DC 20202

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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.

Joseph Villak CPA
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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