## 000037726

•		
(Requestor's Name)		
(Address)		
(Address)	40011256803	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	12/03/0701004015	
(Document Number)		
Certified Copies Certificates of Status	16-31-07	
Special Instructions to Filing Officer:	D/W Not	
Special instructions to Filing Officer.		
	CLLAH,	
	ASSEE.	
	F STATE FLORIT	
Office Use Only	A A	



\*\*35.00



## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: Corp. Dissolution		
DOCUMENT NUMBER: P 980000 37726		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the	e following:	
Oonald Ray Polk (Name of Contact Person)		
Educational Services Inc. (Firm/Company)		
(Firm/Company)		
12333 Fort King Rd.		
(Address)		
Oade City FL 33525 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Ray Polk at (813) (Name of Contact Person)  (Area of Contact Person)	Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status &	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	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:	
	Educational Services Inc.	
SECOND:	The document number of the corporation (if known): P 9800003 772.	6
THIRD:	The date dissolution was authorized: $12/30/2007$	
	Effective date of dissolution if applicable: 12/3//2007 (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 diss was sufficient for approval.	solution
	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:	OF DE
	The number of votes cast for dissolution was sufficient for approval by	ELABATO
	(voting group)	FSTAR
	Signature:  (By a director, prevident 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)	
	(Typed or printed name of person signing)	
	TYPER OF PETRON SIGNING)	
	(Title of person signing)	

Filing Fee: \$35

## Notice of Corporate Dissolution

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: Educational Sex vices, Fac.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Educational Services Amount owed
Amount owed
Signing party
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Ray Polk  12333 Fort King Rd.  Dade City FL 33525
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.
O. Ray Polk Stay Day