

P98000070719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

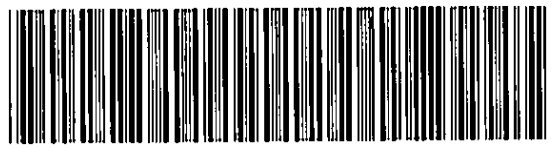
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF
STATE
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STATE
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JUL 22 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2021

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: VITRU FLORIDA, INC.
Ref. Number: P98000070719

We have received your document for VITRU FLORIDA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 721A00017137

RECEIVED
2021 JUL 26 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

ACCOUNT NO. : I20000000195

REFERENCE : 923042 7263946

AUTHORIZATION : *10/15/2021*

COST LIMIT : \$ 35.00

ORDER DATE : July 22, 2021

ORDER TIME : 2:31 PM

ORDER NO. : 923042-005

CUSTOMER NO: 7263946

DOMESTIC FILINGS

NAME: VITRU FLORIDA, 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: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution - VITRU FLORIDA, INC.

DOCUMENT NUMBER: P98000070719

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

Please return all correspondence concerning this matter to the following:

Jonathan Z. Kurry, Esq.

(Name of Contact Person)

Reed Smith LLP

(Firm/Company)

1001 Brickell Bay Dr., Suite 900

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Z. Kurry

_____ at (305) 788-4507

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:
VITRU FLORIDA, INC.

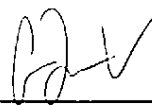
SECOND: The document number of the corporation (if known): P98000070719

THIRD: The date dissolution was authorized: July 17, 2021

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: 
(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)

Camila Jimenez

(Typed or printed name of person signing)

Director and President

(Title of person signing)

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: VITRU FLORIDA, INC.

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

the date the dissolution is filed with the Department of State

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

Description of information that must be included in a claim:

Name, full address and contact details of the claimant.

A brief description of the nature of the claim, the amount of the claim, and the date the claim was incurred.

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

Camila Jimenez

c/o Jonathan Z. Kurry

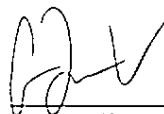
Reed Smith LLP

1001 Brickell Bay Dr., Suite 900, Miami, Florida 33131

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.

Camila Jimenez

Printed Name of the Person Filing



Signature of the Person Filing