

# N97000005234

FILED  
APR 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requestor's Name  
893-SoPcherry Hwy, SoPcherry FLA  
Address  
32358 962-1916  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

RECEIVED  
98 APR 23 PM 1:41  
DIVISION OF CORPORATION

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger Name
<input type="checkbox"/>	Liability

100002498141--6  
-04/23/98--01078--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign Updater
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida nonprofit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is The Muskogee Creek Indian Tribe, Okfuskee Band of Florida Indians

SECOND: The articles of incorporation were filed on SEPT 16, 1997

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

FIFTH: Adoption of dissolution (CHECK ONE)

☒ The dissolution was authorized by a majority of the directors:  
OR

☐ There are no directors - dissolution was authorized by an incorporator or a majority of the incorporators.

Signed this 21 day of APR, 19 98

Signature

Charles M. Swain / Eddie L. Taylor / Elaine Taylor  
(By the Chairman or Vice-Chairman of the Board of Directors, President or other officer if adopted by the directors)

OR

By an incorporator if adopted by the incorporators.)

CHARLES M. SWAIN

Typed or printed name

Eddie L. Taylor

Elaine Taylor

PRESIDENT

VICE PRESIDENT

SECRETARY

Title