

700186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

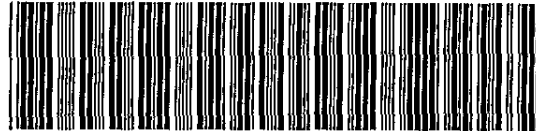
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Art Diss/cus
@ 5/4/04



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04/28/04--01043--020 **43.75

FILED
04 APR 28 PM 4:30
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

FILED
04 APR 28 PM 4:30
TALLAHASSEE, FLORIDA

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: 700186

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

Please return all correspondence concerning this matter to the following:

Alex ARREAZA, Esq.
(Name of Person)

(Name of Firm/Company)

320 W. Oakland PK Blvd.
(Address)

Ft. Lauderdale, FL 33311
(City/State/and Zip Code)

For further information concerning this matter, please call:

Alex ARREAZA, Esq. at (954) 565-7743
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State: Graves Museum of Archaeology & Natural History, Inc.

SECOND: The document number of the corporation (if known): 700186

THIRD: The date dissolution was authorized: 3/30/04

Effective date of dissolution if applicable: 3/30/04
(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 of 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)

Signed this 30th day of March, 2004

Signature: X Rudy Pascucci
(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)

Rudy Pascucci
(Typed or printed name of person signing)

President of GMANH, Inc.
(Title of person signing)

Filing Fee: \$35

FILED
04 APR 28 PM 4:30
TALLAHASSEE, FLORIDA

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: Graves Museum of Archaeology & Natural History, 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:

Document demonstrating
amount owed by whom to whom. Copy of
invoice or other document reflecting agreement
with a date & Description of service or goods rendered.

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

Alex Arreaza, Esq.
320 W. Oakland PK Blvd.
Ft. Lauderdale, Fla. 33311

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.

Rudy Pascucci, President of GAAH, Inc. Rudy Pascucci 3/30/04
Printed Name of the Person Filing Signature of the Person Filing

Graves Museum of Archaeology & Natural History, Inc. Board of Trustees'

Motion Results

Motion #3

Motion to approve and ratify the dissolution of the Graves Museum of Archaeology & Natural History, ~~Inc.~~^{Inc.}

Motion Ammendments: Motion amended to include the word "Inc."

Motion	2nd	Call question	Name (Name = Absent)	Yes	No	Abstained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gypsy Graves (Pyramid Society Representative)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Linda O'Brian/Kate Gaskill (circle one)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Patty Flynn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rudy Pascucci	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carol McMullen-Pettit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sue Bearse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals 4 2 0

Motion Carried	<input checked="" type="checkbox"/>
Motion Denied	<input type="checkbox"/>
Motion Tabled	<input type="checkbox"/>

Signature of Secretary x Carol McMullen-Pettit
3/30/04