712163

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: _	Pensacola Muser	ım of Art, Inc.			
DOCUMENT	NUMBER:	712163			
The enclosed A	Articles of Dis	solution and fee a	are submitted for	filing.	
Please return a	ill corresponde	nce concerning th	is matter to the fo	ollowing:	
Judy Pinette	·				
		(Name of C	Contact Person)		
Moore, Hill & W	estmoreland, P.A		1		
	•	(Firm/	Company)		
Post Office Box	13290		L-1		
		(Ad	dress)		
Pensacola, FL 32	2591-3290				
		(City/State	and Zip Code)		
For further inf	ormation conc	erning this matter	, please call:		
Judy Pinette		at (850 434-3541			
(Name of Contact	Person)	(Area Code)	(Dayti	me Telephone Number)
Enclosed is a	check for the fo	ollowing amount:			
■ \$35 Filin		.75 Filing Fee & tificate of Status	S43.75 Filing Certified Cop (Additional c enclosed)	у	\$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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Pensacola Museum of Art. Inc. SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) ☐ The date of meeting of members at which the resolution to dissolve was adopted _. The number of votes cast by the members was sufficient for: approval. The resolution was adopted by written consent of the members and executed in accordance with section 617.0701. Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was _____ June 16, 2016 The number of directors in office was _____ and the vote for resolution was ___ and 0 against. (Must be a majority vote) Effective date of dissolution, if applicable: **FOURTH** (no more than 90 days after dissolution file date) Note: If the date inserted in this blook 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. Signature: (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Edward Tisdale

(Title of person signing)

Filing Fee: \$35

(Typed or printed name of person signing)

President

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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Pensacola Museum of Art, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Article of Dissolution.
Description of information that must be included in a claim:
Name, contact information, statement of claim and date of occurrence.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Executive Director of West Florida Historic Preservation, Inc., Post Office Box 12866, Pensacola, Florida 32576
With copy to: Margaret T. Stopp, Esquire, Moore, Hill & Westmoreland, P.A., Post Office Box 13290, Pensacola, FL 32591
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.
Edward Tisdale
Printed Name of the Person Filing Signature of the Person Filing