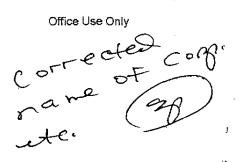
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(Rec	juestor's Name)	
(Add	iress)	
(Add	ress)	
(City	/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		:
<u> </u>		





100040821361

09/13/04--01024--002 **35.00



TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Closing I	incorp
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Golan Raza	
MGHI	Firm/Company)
263Sc lowson Blod Delsay Beach F2 (City/	
	(Address)
Delray Beach FL	Stateland Zin Code
For further information concerning this ma	
Gdan Razon	at (56) 302-9665
(Name of Person)	at (S61) 302-9665 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$35 Filing Fee \$2 \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State: MGHI, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation was: 2/2/04
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	Signed this <u>09/04/04</u> day of <u>560.</u> , <u>1004</u> .
Signat	(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.)
	(Typed or printed name of person signing)
	OWNEY - D. F. (Title of person signing)

Filing Fee: \$35



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: MGHI 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 263Sc lowson Blvd Delray Beach FL 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.

Fee: No charge if included with Articles of Dissolution. If Fled separately \$35.00