Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name : JOHN M WICKER PA

Account Number : 120070000104 Phone : (239)939-2222

Fax Number : (239)939-2280

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DISSOLUTION OR WITHDRAWAL PIRATES TREASURE CASINO, INC.

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1412 000 254139 3 ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

V1 0133010110	······································	
first:	The name of the corporation as currently filed with the Florida Department of State: PIRATES TREASURE CASINO, INC.	
SECOND:	The document number of the corporation (if known): P11000106089	
THIRD;	The date dissolution was authorized: OCTOBER 11, 2012	
	Effective date of discolution if applicable; UPON FILING	
	(no more than III 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.	
Si	 Dissolution was approved by the shareholders through voting groups. 	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan in dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	Signature: James L. Graham	
-	(Ry a different president or other officer i if directors or officers have not been selected, by an impropriet - if in the hunds of a receiver, tristed, or other court appointed fiduciary, by that fiduciary)	
<u>.</u>	JAMES L. GRAHAM	
	(Typed or printed hamo of purses signing)	
I	PRESIDENT	
	(Title of person signing)	

Filing Fee: \$35

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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 "Norice of Carparate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Companying: PIRATES TREASURE CASINO, 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:

NAME OF CREDITOR; PRODUCT OR SERVICE PROVIDED; TOTAL AMOUNT OF CLAIM; ACCOUNT SUMMARY; INVOICES; AND REFERENCE TO CONTRACT, IF APPLICABLE.

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

PIRATES TREAURE CASINO, INC. CLAIMS
C/O JAMES L. GRAHAM
622 SE 24th STREET
CAPE CORAL, FL 33990

A claim against the above named corporation will be borred unless a proceeding to enflave the claim is commenced within 4 years after the filing of this notice.

JAMES L. GRAHAM

Frinted Name of the Person Filling

For: No charge if included with Articles of Dissolution. If filed separately \$35.00

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