	000062910	
<u>Lee</u> 73-37	Covert Requestor's Name  23 Country Club Dr # 1612  Address	
760-0	Address  Desert, CA 922  Melzip Phone #  Office Use Only  N NAME(S) & DOCUMENT NUMBER(S), (if known):	· 
_	orporation Name) (Document #)	<u> </u>
2	orporation Name) (Document #)  =-09/06/0001  orporation Name) (Document #)  *****35.00	1071009
Walk in  Mail out	Orporation Name) (Document #)  Pick up time Certified Copy  Will wait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
Profit NonProfit Limited Liability Domestication	Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal	
NonProfit Limited Liability	Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/	三
NonProfit Limited Liability Domestication Other	Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	
NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name	Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark  Other	

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Geative Autists Management, Inc
	# 199000062910
SECOND:	The filing date of the articles of incorporation was: 7/15/99
THIRD:	(CHECK ONE)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	☐ A majority of the directors authorized the dissolution.
Sig	med this <u>29</u> day of <u>August</u> , <u>200</u> .
Signatu	THE State Ram de lang
W Ju	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
Signatu Signatu Signatu	What the Same Novey her Covered
ight is with	(Typed or printed name)
in so coupely	Charmon, President CEO
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