

V24023

**BISCAYNE NURSERIES, INC.  
18417 NW 28 PLACE  
NEWBERRY, FL 32669**

March 25, 2001

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

100005180301--2  
-04/01/02--01077--011  
\*\*\*\*\*45.75 \*\*\*\*\*43.75

To Whom It May Concern:

Please find enclosed:

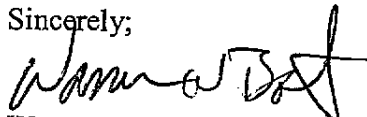
1. Articles Of Dissolution
2. Written Consent and Resolution of Shareholder to Dissolve Corporation
3. Plan Of Liquidation

for Biscayne Nurseries, Inc., a Florida for-profit corporation.

Also enclosed is a check payable to Florida Department of State for \$45.75 (\$35.00 filing fee and \$10.50 for a certified copy of the enclosures).

Please contact me if you have any questions about this matter.

Sincerely;



Warren W Bohn  
President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 APR - 1 PM 3: 06

Dissolution  
LFB 4-5-2002

2002 APR - 1 PM 3: 06

**ARTICLES OF DISSOLUTION  
OF  
BISCAYNE NURSERIES, INC.**

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution.

FIRST: The name of the corporation is Biscayne Nurseries, Inc.

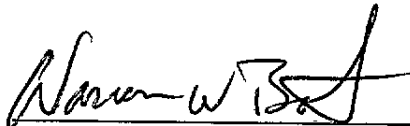
SECOND: The dissolution was authorized on December 21, 2001

THIRD: The dissolution was approved by the shareholder. The number of votes cast in favor of the dissolution was one (1) which was sufficient for approval pursuant to law.

FOURTH: These articles of dissolution will take effect on March 25, 2001 at Gainesville, Florida

DATED: December 31, 2001

By:



Warren W Bohn  
Its President

STATE OF FLORIDA  
COUNTY OF ALACHUA

Before me, the abovesigned authority, personally appeared, who is well known to be the person described in and who subscribed the above articles of dissolution, and he/she did freely and voluntarily acknowledge before me according to law that he/she made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal at Alachua County, Florida in said County and State this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires \_\_\_\_\_