

PO1000029884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

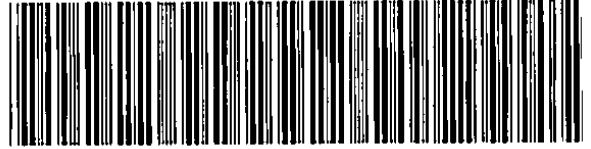
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900370770309

FILED

2021 SEP 10 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 SEP 10 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 990272 4309487

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE : September 7, 2021

ORDER TIME : 1:47 PM

ORDER NO. : 990272-005

CUSTOMER NO: 4309487

DOMESTIC FILINGS

NAME: ISLOTE CORPORATION

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISLOTE CORPORATION

DOCUMENT NUMBER: P01000029884

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHY SACHELI

(Name of Contact Person)

DAY PITNEY LLP

(Firm/Company)

263 TRESSER BLVD.

(Address)

STAMFORD, CT 06901

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY SACHELI

(Name of Contact Person)

at (203-977-7308

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ISLOTE CORPORATION

SECOND: The document number of the corporation (if known): P01000029884

THIRD: The date dissolution was authorized: 9/7/2021

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block 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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: _____

(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)

IGNACIO DE LA ROCHA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
2021 SEP 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL

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: ISLOTE CORPORATION

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 9/7/2021

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

(1) NAME OF PERSON OR COMPANY FILING THE CLAIM, (2) THE AMOUNT OF THE CLAIM, (3) THE ACCOUNT NUMBER, (4) THE NATURE OF THE CLAIM, AND (5) COPIES OF ANY BILLS OR INVOICES SUBSTANTIATING THE CLAIM, INCLUDING ANY PAYMENTS MADE ON SAID ACCOUNT.

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

C/O IGNACIO DE LA ROCHA

P.O. BOX CB-12465

TEMPLETON BUILDING, WESTERN ROAD

NASSAU, BAHAMAS

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.

IGNACIO DE LA ROCHA

Printed Name of the Person Filing



Signature of the Person Filing

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