

\*\*please honor original  
submission date of 12/27/2

\*\*please honor original  
submission date of 12/27/2

N19000004329

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000439875 3)))



H230004398753ABC8

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

DISSOLUTION OR WITHDRAWAL  
AE ISLAND LAKE, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

\*\*please honor original  
submission date of 12/27/2

\*\*please honor original  
submission date of 12/27/2

FILED  
2023 DEC 27 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

## Leslie Sellers

---

**From:** faxfinder@capitol-services.com  
**Sent:** Wednesday, December 27, 2023 4:18 PM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6380  
**Attachments:** fax\_outbound\_850-617-6380\_20231227\_151752\_00007569-0000.pdf

Create Time: 12/27/2023 03:15:49 PM  
Schedule Time: 12/27/2023 03:17:52 PM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 1  
Username: admin  
Sender name: Leslie Sellers  
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender  
org: Capitol Services, Inc.  
Subject: H23000439875  
Max tries: 5  
Try interval: 600  
Priority: 3  
Pages: 5  
Recipient fax: 850-617-6380  
Recipient phone:  
Recipient name:  
Recipient org: FL SOS  
Use cover page: true  
Receipt: always  
Print receipt: never  
Print receipt printer:  
Print receipt first page: false  
Fax Page Size: auto

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AE Island Lake Inc.

**DOCUMENT NUMBER:** N19000004329

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

Please return all correspondence concerning this matter to the following:

Tiffany Brinkley

(Name of Contact Person)

Polsinelli PC

(Firm/Company)

501 Commerce Street, Suite 1300

(Address)

Nashville, TN 37219

(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Brinkley

at ( 615 ) 252-3957

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee   ☐ \$43.75 Filing Fee & Certificate of Status   ☐ \$43.75 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, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2023 DEC 27 AM 11:47  
SECRETARY OF STATE

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

AE Island Lake Inc.

SECOND: The document number of the corporation (if known): N19000004329

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☒ The resolution was adopted by written consent of the members and executed in accordance

with

section 617.0701, Florida Statutes.

### SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote)

FOURTH 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.

Signature: /s/ Cory Wake

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Cory Wake

(Typed or printed name of person signing)

Director and Secretary

(Title of person signing)

Filing Fee: \$35