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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BAPTIST HEALTH CARE CORPORATION

Account Number : I20210000073

Phone

: (850)469-2129 : (850)434-4841

Fax Number

DISSOLUTION OR WITHDRAWAL LAKEVIEW ASSOCIATED ENTERPRISES-PHASE 1, INC.

36	Ccrtificate of Status	0	
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ARTICLES OF DISSOLUTION OF LAKEVIEW ASSOCIATED ENTERPRISES-PHASE 1, INC.

LAKEVIEW ASSOCIATED ENTERPRISES-PHASE 1, INC., a Florida corporation, pursuant to Section 607.1403, F.S., by the President of its Board of Directors, hereby sets forth its Articles of Dissolution.

ARTICLE I

The name of the corporation is LAKEVIEW ASSOCIATED ENTERPRISES-PHASE 1, INC.

ARTICLE II

The Articles of Incorporation were filed on March 25, 2013 and assigned document number P13000027497.

ARTICLE III

The dissolution was authorized by the unanimous written consent of the corporation's board of directors and sole shareholder on November __8__, 2022. The effective date of the dissolution shall be the date of filing.

ARTICLE IV

In accordance with Section 607.1402, F.S., dissolution was approved by all of the members of the board of directors and the sole shareholder entitled to vote on the matter. The number of votes cast for dissolution was sufficient for approval.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed this _____ day of November, 2022.

LAKEVIEW ASSOCIATED ENTERPRISES-PHASE 1 INC. a Florida corporation

John Porter

John Porter, its President

DocuSign En elope ID: 4F485286-E481-4587-9F88-219C6833AB9D

NOTICE OF 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.

Name of Corporation: LAKEVIEW ASSOCIATED ENTERPRISES-PHASE 1, INC.

Document Number of Corporation: P13000027497

Date of Dissolution: Date of Filing of Articles of Dissolution

Description of information that must be included in a written claim:

- 1. Name of Claimant;
- 2. Amount of Claim:
- 3. Description of Claim; and
- 4. Date of Claim.

Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations): Baptist Health Care, Inc., Attn: Jessica C. Andrade, 1717 North "E" Street, Suite 320, Pensacola, Florida 32501.

A claim against the above named not-for-profit corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after filing of this notice.

LAKEVIEW ASSOCIATED ENTERPRISES-

PHASE 1 INC., a Florida corporation

By: John Porter

John Porter, its President