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(((H22000090142 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & GARRO LLP

Account Number : I20070000136 Phone : (305)779-3560 Fax Number : (786)664-3375

DISSOLUTION OR WITHDRAWAL NEOASE INC.

Certificate of Status	0
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ARTICLES OF DISSOLUTION

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

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

• • • • •	NEQASE INC:
SECOND:	The document number of the corporation (if known): P06000091564
THIRD:	The date dissolution was authorized March 10, 2022
	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.
·	
	ERINUL
. Sig	gnature:
	(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)
	EMILIO JOSE RINCON
	(Typed or printed hame of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved	corporation named	below for resolution of	payment of unknown c	laims
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: NEAOSE II	NC.	1.					
The above named corporation is t	this in binate of illino	مارين			e decide		
March 10, 2022	ne subject of this	oiunon and u	ie checuve da	ite of a dis	solution is:	-:-	
.*	(date filed with the De	ept. if date specific	ad in the Anticles of	f Dissolution)		<u> </u>	- 2
Description of information that m	ust be included in	a claim;	•) · · · ·		· · ·	
The claim must be in writing and me	ıst include:		· `.				;-; ; ;
A) the name and address of the claim	nant						<u> </u>
B) the amount of the claim			.,			· · · · · ·	- 5.5
C) a detailed description of the natur	e of the claim	10 May 10				,	
D) documentation reasonably suppor	ting the claim	,	·	•			
	,						٠.
Mailing address where written cla	ims can be sent: (Claims canno	t be sent to th	e Divisio	of Corpora	ations)	
C/Alonso Saavedra 16-1°B						•	•
Madrid, Spain 28033				. •	•		
		· .	·	: :	 	•	
	·		 				•
		· · · · · · · · · · · · · · · · · · ·	,	•			

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filling of this notice.

EMILIO JOSE RINCON

Printed Neme of the Person Filing

Signature of the Person Filing

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

FAX AUDIT NO.H22000090142-3