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(Re	questor's Name)	
(Ád	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Dissolution of EvoPro Solutions, Ir	nc.	
DOCUMENT NUMBER: P12000007875		
The enclosed Articles of Dissolution and	fee are submitted for filing	<u>.</u> .
Please return all correspondence concerning	ng this matter to the follow	ing:
Katheryn A. Gettman or Jillian Wallin		
(Name of	Contact Person)	
Messerli Kramer P.A.		
(Fir	m/Company)	
1400 Fifth Street Towers, 100 S Fifth Street		
(A	Address)	
Minneapolis, Minnesota 55402		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	utter, please call:	
Jillian Wallin	at (at	
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount	unt:	
□ \$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:	STRE	ET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State: EvoPro Solutions, Inc.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: January 2, 2019				
	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:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.				
	☐ Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:				
	2019				
	(voting group)				
	Signature: 1/2/1/2/2009				
	(By a director, president or other officer - if directors or officers have not been selected, by fri an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that tiduciary)				
	Patrick Goepel				
	(Typed or printed name of person signing)				
	Chief Executive Officer and President				
	(Title of person signing)				

Filing Fee: \$35

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: EvoPro Solutions, Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Name and address of person making the claim, amount owed, the goods or services provided in connection with the claim and date obligation was incurred Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Messerli Kramer P.A. attn: Katheryn A. Gettman 1400 Fifth Street Tower, 100 S Fifth Street Minneapolis, MN 55402 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. Patrick Goepel

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

Signature of the Person Filing

Printed Name of the Person Filing