

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Notes: 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.

(((H200001978473)))



H200001978473ABC5

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 : E ALEX ORTIZ, CPA, PA
Account Number : I20180000017
Phone : (305)340-2000
Fax Number : (786)953-6246

DISSOLUTION OR WITHDRAWAL
HUMICLIMA USA INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2020 JUN 29 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 02 2020

H200001978473

H20000197847 3



June 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUMICLIMA USA INC.
2800 POST OAK BLVD., SUITE 5858
HOUSTON, TX 77056

SUBJECT: HUMICLIMA USA INC.
REF: P14000037957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The Notice of Dissolution has not been filled out. (NOT APPLICABLE, PAGE REMOVED)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: B20000197847
Letter Number: 020A00012741

H20000197847 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUMICLIMA USA, INC

DOCUMENT NUMBER: P14000037957

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

Please return all correspondence concerning this matter to the following:

ALEX ORTIZ

(Name of Contact Person)

E ALEX ORTIZ CPA.PA

(Firm/Company)

2727 PONCE DE LEON BLVD

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ

at (305 340 2000

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H 200001978473

H20000197847 3

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:
HUMICLIMA USA, INC

SECOND: The document number of the corporation (if known): P14000037957

THIRD: The date dissolution was authorized: 6/22/2020

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:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: X

(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)

Antoni Bonet Gambins

(Typed or printed name of person signing)

Director

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 29 AM 10:05

FILED

H20000197847 3