

2/23/2021

Division of Corporations

FILE FIRST: H210000742523

FILE SECOND: H210000742643

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.

(((H21000074252 3)))



H210000742523ABCX

**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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

## DISSOLUTION OR WITHDRAWAL

## ALTODA INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

Please keep  
original file  
date of 2/23/21

**FILE FIRST - BEFORE:****H21000074264 3**

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 15E74B46-3279-42F2-93C5-A9BF4602FF45

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:  
ALTOIDA INC.

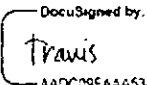
SECOND: The document number of the corporation (if known): P21000010810

THIRD: The date dissolution was authorized: 01/27/2021

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

Signature:   
(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)

Travis Bond  
(Typed or printed name of person signing)

CEO  
(Title of person signing)

Filing Fee: \$35

DocuSign Envelope ID: 15E74B46-3279-42F2-93C5-A9BF4602FF45

## 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: ALTOIDA INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

\_\_\_\_\_  
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Original filing made in error. The Florida formed Altoida, Inc. never existed.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

2100 WEST LOOP S STE 1450

HOUSTON, TX 77027

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.

Travis Bond, CEO

Printed Name of the Person Filing

DocuSigned by:

Travis

Signature of the Person Filing

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