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.

(((H23000234105 3)))



H230002341053ABCU

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 : ALTON NORTH AMERICA INC.

Account Number : I20100000010 Phone : (305)393-8662 Fax Number : (305)397-0323

7023 JUL -5 AM 9:58

DISSOLUTION OR WITHDRAWAL SOAP PRO INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

entan rotu/cail

Electronic Filing Menu

Corporate Filing Menu

Help

ı

of SOAP PRO INC

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: **SOAP PRO INC**

SECOND

The document number of the corporation is P22000008608

THIRD

The date dissolution was authorized on June 30th, 2023

FOURTH

Adoption of Dissolution

Dissolution was approved by the shareholders. The number of votes ca	ast for	-
dissolution was sufficient for approval.		5
		<u>-</u> د
		ć
$A \subset A$	1 12	•
19. Selley	3 (1)	•
Signature of President	67	,
	1.1	
	- 1-11	
Benjamin Schoeniger	F** 1	
6/30/2023	1.1	
Printed Name and Date		
President		

TITLE

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.

Name of Corporation: SOAP PRO INC

Description of information that must be included in a claim:

- 1 Date
- 2. Type
- 3. Amount

Mailing address where claims can be sent:

Pritogo GmbH Gewerbepark 105 87775 Salgen Germany

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.

Benjamin Schoeniger

Printed Name of the Person Filing

Signature of the Person Filing