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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

DISSOLUTION OR WITHDRAWAL AVELLA PATIENT ACCESS PROGRAM, INC.

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AUG 1 2 2020

AvellaPatientAccessProgram,Inc.

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

| | (Document Number of Corporation | (if known) | - |
|--|---|---|---------|
| | | | |
| Arizona | 08/05/2016 | | |
| (lneo | rporated Under Laws of and date authorized to transac | et business/conduct its affairs) | - |
| • | no longer transacting business or conducting a rs its authority to transact business or conduct | | nd here |
| ppoints the Departr | vokes the authority of its registered agent in ment of State as its agent for service of process ed to transact business or conduct affairs in Flo | based on a cause of action arising of | |
| he following is a cr | urrent mailing address for the corporation: | | |
| | | | |
| 24416N.19 | thAvenue | | |
| 24416N.19 | thAvenue (Mailing Address) | 7020 | j |
| 24416N.19 Phoenix,A2 | (Mailing Address) | 7020 j | . sj |
| | (Mailing Address) | 7020 73 | · · · |
| | (Mailing Address) | 7920 /:-3 11 jr | |
| Phoenix,AZ | (Mailing Address) (State /Zip) ees to notify the Department of State in the future. | | lress. |
| Phoenix, A7 Phoenix, A7 Phoenix, A7 | (Mailing Address) (State /Zip) ces to notify the Department of State in the future. | | lress. |
| Phoenix, AZ The corporation agre The corporation agreed to the state of the state | (Mailing Address) (State /Zip) ces to notify the Department of State in the future. | Unc of any change in its mailing add | dress. |
| Phoenix, AZ The corporation agre The corporation agreed to the street of the street | (Mailing Address) (State /Zip) ces to notify the Department of State in the future. (Aug) (Weter, president or other officer - it in the hands of a recourt appointed fiduciary, by that fiduciary) | U ure of any change in its mailing add | lress. |