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To:

Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : CAPITOL SERVICES, INC.

201 31 6 6

Account Number : 120160000017 Phone : (800)345-4647 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL COGNITIVE HEALTH INSTITUTE TAMPA, LLC

FILE FIRST

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi Cognitive Health Institute Tar	* -			
2.	The Articles of Organization	n were filed on 11/16/17		and assigned	
	document number L170002	37195	,- -		
3.	The delayed effective date (effective	the dissolution if not effe date cannot be prior to or mo this block does not meet the	applicable statutory f	filing: 12/1/17 date document is received for filin ling requirements, this date will	ig) ∣not∣
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).				
	The consent of all the member	s .			_
			<u> </u>		
					_
5.	If there are no members, en activities and affairs:	der the name and address James St. Louis	of the person appoi	nted to wind up the company	/`s —
		201 E. Kennedy Blvd. Suite 700			
		Tampa, FL 33602	;		
			.e.₁¹ .e.		_
6. lis	. Signature of an authorized sted above to wind up the co	person or if there are no mpany's activities and af	members, the signat	ure of the person appointed a	— ınd
Å			James St. Louis		
4/	Signature			rinted Name	_
•		FILING I	FEE: \$25.00		

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REGENERATIVE MEDICINE SOCIATIONS, LLC

201 E. Kennedy Blvd., Suite 700 Tampa, Florida 33602

December 19, 2017

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Cognitive Health Institute Tampa, LLC (L17000237195)

To Whom It May Concern:

The domestic entity, Cognitive Health Institute Tampa, LLC, was organized on November 16, 2017, Document Number L17000237195 (the "Company"). On December 13, 2017, the undersigned acted by written consent as the sole and managing member of the Company to approve the dissolution of the Company authorized the filing of articles of dissolution with the Division of Corporations of the Florida Department of State. In connection with the foregoing, the undersigned expressly waives its right to revoke its articles of dissolution at any time before 120 days after the effective date of its articles of dissolution pursuant to Section 605.0708 of the Florida Revised Statutes, and hereby grants permission for the Delaware entity, Cognitive Health Institute Tampa, LLC, to register as a foreign limited liability company to transact business in the State of Florida under the name, Cognitive Health Institute Tampa, LLC, in accordance with Section 605.0902 of the Florida Revised Statutes.

Please do not hesitate to contact the below registered agent, Capitol Services, should you have any questions with respect to the foregoing.

Respectfully yours,

James St. Low

Manager

Ce: Capitol Services
Corporate Filings Team
515 East Park Avenue, 2nd Floor
Tallahassee, Florida 32301

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