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FILED

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Integrate Life Science, LLC

SUBJECT: _____

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Diane J. Mackey

(Name of Person)

Integrate Scientific, Inc.

(Firm/Company)

5124 Kirkwood Avenue

(Address)

Spring Hill, FL 34608

(City/State and Zip Code)

For further information concerning this matter, please call:

| Diane J. Mackey | 352 | 293-2164 |
|------------------|------------|-----------------------------|
| | _ at (|) |
| (Name of Person) | (Area Code | & Daytime Telephone Number) |

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Integrate Life Science, LLC

2. The Articles of Organization were filed on $\frac{10/23/2020}{2}$ and assigned

document number L20000342284

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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).

The dissolution of the Company was approved by unanimous vote of all the members on April 18, 2023.

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| . If there are no members, enter the name and address of the per- | son appointed to wind up the company |
| activities and affairs: | • |
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6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

<u>_ Kaus | Macker</u> Signature/

Integrate Scientific. Inc. by its Pres. Diane J. Mackey

Printed Name

FILING FEE: \$25.00