

711000002940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

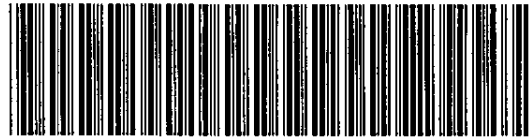
(Business Entity Name)

(Document Number)

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2013 JUL -2 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2013 JUL 6 PM 1:17  
J. LEMIEUX

Division of Corporations  
Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: TW Neurovascular Research, Inc.  
Document No.: N11000002940

Dear Sir/Madam:

Please let this serve as confirmation that there is no intention of revoking the dissolution of TW Neurovascular Research, Inc., document No. N11000002940 and we hereby release the name to be used again by the company to be formed with the accompanying Articles of Incorporation.

TW Neurovascular Research, Inc.

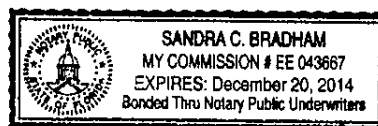
By: Eric Eskioğlu

Its: Director

STATE OF FLORIDA     )  
                                      )  
COUNTY OF LEE        )

The foregoing instrument was acknowledged before me on MAY 15, 2013, by ERIC ESKIOGLU, as a Director of TW Neurovascular Research, Inc., ☐ who is personally known to me or ☐ who has produced a driver's license or \_\_\_\_\_ as identification.

Sandra C Bradham  
NOTARY PUBLIC



## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

TW NEUROVASCULAR RESEARCH, INC.

SECOND: The document number of the corporation (if known): N11000002940

THIRD: The file date of the articles of incorporation: 03/21/2011

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:  
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ERIC ESKIOGLU, M.D.

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED  
2013 JUL -2 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310