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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DIEGO L. RESTREPO, P.A.

Account Number : I20060000072 Phone

: (305)447-9430 Fax Number : (305)448-5541

DISSOLUTION OR WITHDRAWAL BETA PHARMACEUTICAL CORP.

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([[#120002794013)])

ARTICLES OF DISSOLUTION FOR BETA PHARMACEUTICAL CORP. (A Florida Corporation)

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation, BETA PHARMACEUTICAL CORP., a Florida profit corporation (the "Corporation") hereby adopts the following Articles of Dissolution and certifies the following information for the purpose of dissolving the Corporation:

FIRST:

The name of the corporation as currently filed with the Florida

Department of State is: BETA PHARMACEUTICAL CORP.

SECOND:

The Document Number of the corporation is P01000036917

THIRD:

The effective date of the dissolution of the Corporation occurs on the date

the Articles of Dissolution are filed.

FOURTH:

The Company has elected to dissolve as a Corporation pursuant to the

written consent of its Sole Shareholder.

FIFTH:

All debts, obligations and liabilities of the Corporation have been paid or

discharged.

SIXTH:

All the remaining property and assets have been distributed among its Sole

Shareholder in accordance with their respective rights and interests.

SEVENTH:

There are no suits pending against the Corporation in any court.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution on behalf of the Company on this 31 day of October, 2012.

Carlos A. Vallecilla, Director

ulio A. Velez, Director

Jose G. Gomez, Director

The Articles of Dissolution for BETA PHARMACEUTICAL CORP., a Florida corporation were authorized on the 31 day of October, 2012.

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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 §607.1407, F.S.

Name of Corporation:

BETA PHARMACEUTICAL CORP.

The date of dissolution will be upon filing the Articles of Dissolution with the Department of State of Florida.

Description of information that must be included in a claim:

Name of claimant with a postal address, together with a description as to how the claim arose, attaching invoices, if any.

Mailing address where claims can be sent:

Law Offices of Diego L. Restrepo, P.A. c/o Diego L. Restrepo, Esq. 2600 S Douglas Road Suite 1007 Coral Gables, Florida 33134-6142

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.

Carlos A. Vallecilla, Director

Julio A. Velez, Director

Jose G. Gomez, Director

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