

FILED
Oct 10, 2012
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:
COVEX PHARMA, INC.
- SECOND:** The document number of the corporation: P02000085740
- THIRD:** The date dissolution was authorized: October 1, 2012
Effective date of dissolution: October 15, 2012
- FOURTH:** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ANA ISABEL CONDE DIRECTOR
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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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 s. 607.1407, F.S.

Name of Corporation:

COVEX PHARMA, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

ANY AND ALL INVOICE OR PAYMENT INFORMATION, PROOF OF RECEIPT OF GOODS OR SERVICES, DELIVERY RECEIPTS AND ANY AND ALL PURCHASE ORDERS AND/OR ELECTRONIC REQUESTS OR ORDERS.

Mailing address where claims can be sent:

2875 N.E. 191ST STREET
302
AVENTURA, FL 33180 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ANA ISABEL CONDE

Electronic Signature of the Person Filing