

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:
CELLMEDIX, INC.
- SECOND:** The document number of the corporation: P05000068371
- THIRD:** The date dissolution was authorized: December 15, 2019
Effective date of dissolution: January 16, 2020
- FOURTH:** Dissolution was approved by the shareholders in the manner required by this chapter
and by Articles of Incorporation.

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: BRYAN V LICH PRESIDENT
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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:

CELLMEDIX, 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:

CELLMEDIX INC HAS DIVESTED IT'S INTERESTS IN IT'S SOLE MEDICAL PRODUCT AND IS ENDING OPERATIONS EFFECTIVE 12/31/2019.

Mailing address where claims can be sent:

17080 SAFETY ST., SUITE 109
FORT MYERS, FL 33908 FL

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: BRYAN V LICH

Electronic Signature of the Person Filing