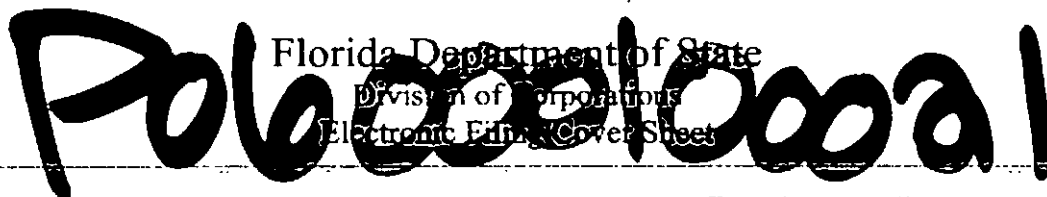


10/31/2019

Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H19000322773 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)288-0845

**DISSOLUTION OR WITHDRAWAL  
NEUROCALL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
NEUROCALI, INC.

SECOND: The document number of the corporation (if known): P06000100021

THIRD: The date dissolution was authorized: 10/31/2019

Effective date of dissolution if applicable: 10/31/2019

(no more than 90 days after dissolution file date)

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.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

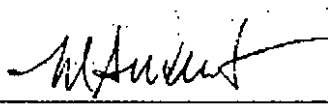
☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

shareholders

(voting group)

Signature: 

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

Mauricio Sirvent

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

2019 NOV - 1 17:10:53