10/31/2019

## 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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL NEUROCALL OPERATIONS, INC.

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

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Corporate Filing Menu

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## ARTICLES OF DISSOLUTION

of dissolutio	n:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  NEUROCALL OPERATIONS, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable:		
	(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)		
	<ul> <li>Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.</li> <li>Dissolution was approved by the shareholders through voting groups.</li> </ul>		
	The number of votes cast for dissolution was sufficient for approval by		
	shareholders		
	(voting group)		
S	signature:MAWUL		
	(By a director, president or other officer - their 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)		
	Maruricio Sirvent		
•	(Typed or printed name of person signing)		
1	Chief Executive Officer		

(Title of person signing)