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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL LINDEN PHARMACEUTICALS, INC.

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

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Help

2-9-15



ARTICLES OF DISSOLUTION

of dissoluti	on:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Linden Pharmaceu+icais, Inc.		
SECOND:	The document number of the corporation (if known): P1400088533		
THIRD:	The date dissolution was authorized: 2-0-15		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)		
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 sharcholders 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
		(voling group)	
	Signature:		
	(By a directors 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)		
	MORIA Pliedes (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35