## P180000 57723

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**TO:** Amendment Section **Division of Corporations** SUBJECT: ARMAS PHARMACEUTICALS INC. P18000057723 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Suketa Shah, Esq. (Name of Contact Person) Shankman Leone, P.A. (Firm/Company) 707 North Franklin Street - Fifth Floor (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call: at ( S13 ) 223-1099 (Area Code & Daytime Telephone Number) Suketa Shah (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ≡ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

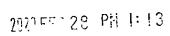
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF DISSOLUTION

The name of the corporation as currently filed with the Florida Department of State:



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:

	ARMAS PHARMACEUTICALS INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation:
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.
Sign	tature:  (By a director, president or 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.)  John L. Niemi
	(Typed or printed name of person signing)
	President/Director (Title of Person Signing)

Filing Fee: \$35