

Division of Corporations

P19000017870
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

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FAX DATE 3/11/2022.

From: Account Name : HOLLAND & KNIGHT LLP
Account Number : I2000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

Thank you!

DISSOLUTION OR WITHDRAWAL
QUIMERAB INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF DISSOLUTION

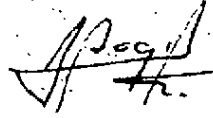
OF

QUIMERAB INC.

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Florida for Profit Corporation submits the following Articles of Dissolution for the purpose of dissolving the Corporation:

1. The name of the corporation as currently filed with the Florida Department of State is **QUIMERAB INC.**, a Florida corporation (the "Corporation").
2. The document number of the Corporation is P19000067870.
3. The Corporation authorized the dissolution by a written consent of the sole shareholder and sole director of the Corporation, dated as of the 2nd day of December, 2021. The effective date of the dissolution shall be the date these Articles of Dissolution are filed with the Florida Department of State.
4. The dissolution was approved by the sole shareholder, in the manner required by this chapter and the articles of incorporation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution, on behalf of the Corporation, to be effective on the 2nd day of December, 2021.



Name: Leonardo Baquero Sanchez
Title: Vice President

2022 MAR 14 AM 10:26

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NOTICE OF CORPORATE DISSOLUTION
OF
QUIMERAB INC.

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407 of the Florida Statutes.

The name of the corporation is Quimerab Inc.

The date of dissolution will be the date that the Articles of Dissolution of the corporation were filed with the Florida Department of State Division of Corporations.

The following information must be included in a claim: the name of the claimant, the date of claim, the event giving rise to the claim, the amount claimed, and the name, address and telephone number of contact to whom the corporation should reply to regarding the claim.

Mailing address where claims can be sent to:

c/o Alex Gonzalez
701 Brickell Avenue, Suite 3300
Miami, FL 33131

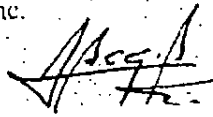
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Note: Claims cannot be sent to the Florida Department of State Division of Corporations.

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

Quimerab Inc.

By:



Leonardo Baquero Sanchez,
Vice President