

P21000061395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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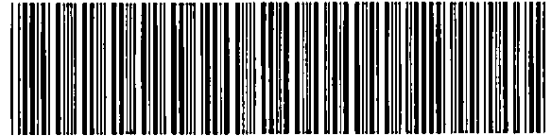
(Business Entity Name)

(Document Number)

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TREASURY

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M. SOLOMON
MAY 12 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Neurawell Therapeutics, INC

DOCUMENT NUMBER: P21000061395

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cate Rubino

(Name of Contact Person)

Pathstone

(Firm/Company)

PO Box 52047

(Address)

Atlanta, GA 30355

(City/State and Zip Code)

For further information concerning this matter, please call:

Cate Rubino

at (404) 592-0180

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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:

Neurawell Therapeutics, INC

SECOND: The document number of the corporation (if known): P21000061395

THIRD: The date dissolution was authorized: 10-31-22

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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

Magid Abraham

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35