## FOLOCOLUIOS

(Requestor's Name)							
(Address)							
- (Address)							
(City/State/Zip/Phone #)							
(oily old of principle a)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
emfied Copies Certificates of Status							
Special Instructions to Filing Officer;							

Office Use Only



900398560199

2022 DEC -7 AM 10: 44

m m o

2022 DED -7 FH 3: 40

Cf 12/8/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Eyliena Baker - EXT#

ACCOUNT NO. : 12000000195							
REFERENCE : 183026 8399426							
AUTHORIZATION: Spelle le man							
COST LIMIT : \$45.00							
ORDER DATE : December 6, 2022							
ORDER TIME : 2:49 PM							
ORDER NO. : 183026-020							
CUSTOMER NO: 8399426							
FOREIGN FILINGS							
NAME: BRAINFUSE, INC.							
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY							
XXXX WITHDRAWAL/CANCELLATION							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF STATUS							

EXAMINER:

## **COVER LETTER**

10:	Amenament Section Division of Corporations					
SUBJ	Brainfuse, Inc.					
	(Name of Corporation)					
DOCU	MENT NUMBER:					
The en	losed withdrawal application and fee are submitted for filing.					
Please	eturn all correspondence concerning this matter to the following:					
	Troy Weiman					
	(Name of Person)					
	Brainfuse, LLC					
	(Firm/Company)					
	271 Madison Avenue. Third Floor					
	(Address)					
	New York, New York 10016					
	(City/State and Zip code)					
For fur	ner information concerning this matter, please call:					
Troy We	man 866 272-4638 at ( )					
_	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclos	is a check for the amount:					
□ \$35	Tiling Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsO. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Brainfuse, Inc.				
	(Name of Corporation)		<del></del> -	<del></del>
F06000006103			SECRE TALL	2022 DE
(Documer	nt Number of Corporation	(if known)	AH.	
New York, October 15, 2002	September 22, 2006		/ AMI	
(Incorporated Under Laws of and	date authorized to transa	ct business/conduct	ikaligirs)	
			11) 🗫	
This corporation is no longer transacting bu voluntarily surrenders its authority to transacting	siness or conducting a	affairs within the	State of Flo	rida and hereby
voluntarily sufferiders its authority to transac	a business of conduct	anairs in Fiorida		
This corporation revokes the authority of i appoints the Department of State as its agent time it was authorized to transact business or	for service of process	s based on a cause	ot service or e of action ar	i its behalf and ising during the
The following is a current mailing address for	or the corporation:			
271 Madison Avenue, Third Floor				
	(Mailing Address)	<del></del> -	<del>. ,</del> .	<del></del>
New York, New York 10016				
	(City/ State /Zip)	<del></del>		<del></del>
The corporation agrees to notify the Departm		ure of any change	: in its mailii	ng address.
(Signature of a director, president or other officer receiver or other court appointed fiduciary, by the	- if in the hands of a at fiduciary)		(Date)	
Troy Weiman		Authorized Repr	esentative	
(Typed or printed name of person signing	1	Cal	at moreon siani	201