F080000002347

(F	Requestor's Name)	_
(A	address)	
(A	address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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APR 3 0 2012 T. ROBERTS



April 23, 2012

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Microfinance International Corporation

Dear Filing Officer:

Please file the attached Application for Authority for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (800) 862-5438. Thank you very much for your assistance.

Very (ru)y yours,

Linda Stauffer Client Specialist

Enclosures

COVER LETTER

TO: Amendment Section **Division of Corporations SUBJECT:** Microfinance International Corporation (Name of Corporation) DOCUMENT NUMBER: F08000002347 The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Linda Stauffer (Name of Person) **NRAI** Corporate Services (Firm/Company) 1021 Main Street, Suite 1150 (Address) Houston, Texas 77002 (City/State and Zip code) For further information concerning this matter, please call:

· ·

Linda Stauffer

_{at (} 800

₃ 862-5438

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Microfinance International Corporati	on
(Name of Corpo	oration)
F08000002347	
(Document Number of Corp	r Laws of)
Delaware	
(Incorporated Unde	τ Laws of)
This corporation is no longer transacting business or condu- voluntarily surrenders its authority to transact business or co	
This corporation revokes the authority of its registered agappoints the Department of State as its agent for service of ptime it was authorized to transact business or conduct affairs	process based on a cause of action arising during the
The following is a current mailing address for the corporation	n:
1090 Vermont Ave, NW, Suite 1250	
(Mailing Adda	ress)
Washington, DC 20005	
(City/ State /Z	Zip)
The corporation agrees to notify the Department of State in t	he future of any change in its mailing address.
<u>Gr</u> en	- 4-18-2012 (Date)
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Oscar Lumen	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

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

Microfinance International Corporation

(Name of Corporation)
F08000002347
(Document Number of Corporation (if known)
Delaware
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereb voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf an appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
1090 Vermont Ave, NW, Suite 1250
(Mailing Address)
Washington, DC 20005
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Oscar Lumen (Typed or printed name of person signing) Secretary (Title of person signing)
FILING FEE \$35