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## **COVER LETTER**

Division of Corporations		
UBJECT: Oneiroi Solutions Inc (Name of Corporation)		
OCUMENT NUMBER: 50578-79		
ne enclosed withdrawal application and fee are submitted for filing.		
ease return all correspondence concerning this atter to the following:		
Mary K. Hadden (Name of Person)		
(Name of Person)		
Oneiroi Solutions Inc		
Oneiroi Solutions Inc (Firm/Company)		
27811 S. Jones Blvd #200-3846		
2780 S- Jones Blvd #200-384-6 (Address)		
Las Veg es NV 89146 (City/State and Zip code)		
(City/State and Zip code)		
or further information concerning this matter, please call:		
·		
Mary K. Hadden at (423) 3/2-2405 (Name of Person) (Area Code & Daytime Telephone Number)		
iclosed is a check for the amount:		
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Certificate of Status Certified Copy Certificate of Status & Certified  (Additional copy is Enclosed)  Certificate of Status & Certified  Copy (Additional copy is enclosed)	ed)	
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327  Division of Corporations 2661 Executive Center Circle		

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

•	Uneiro	Solutions -	Inc	
		(Name of Corporat	ion)	
•				
	50	578-79 ocument Number of Corpora		
<del>,</del>	(Do	ocument Number of Corpora	tion (if known)	<del></del>
		Deleweye (Incorporated Under L		
		(Incorporated Under L	aws of)	
•	•	•	C	te of Florida and hereby
voluntarily sur	enders its authority to t	transact business or cond	luct affairs in Florida.	
This corporation	on revokes the authorit	ty of its registered agen	t in Florida to accept se	ervice on its behalf and
appoints the D	epartment of State as it	ts agent for service of p	rocess based on a cause	of action arising during
the time it was	authorized to transact b	ousiness or conduct affai	rs in Florida.	
The following		lress for the corporation:		
	2780	S. Jones B/ (Mailing Address  Vegas, NV (City/ State /Zip)	ud #200-3	846
		(Mailing Address	s)	
	,	17		# # # m
	Las	Vegas, NV	89146	C 25 F Pm.
		(City/ State /Zip)	1	三 五 四
The corporation	agrees to notify the De	epartment of State in the	future of any change in	its mailing address.
	<i>(/ )</i>	al o .		
	man Kil	He do	3-2	4-16
(Signature receiver	of a director, president or other or other court appointed fiduci	er officer - if in the hands of a iary, by that fiduciary)	(D	ate)
	Mary K. Typed or printed name of perso	Hadden	Chirt Opo	et ons Officer person signing)
	Typed or printed name of perso	on signing)	(Title of	person signing)