1500000207

	(Requestor's Name)
	(Address)
	(Address)
 	(City/State/Zip/Phone #)
PICK- J	> MAIL MAIL
,	(Business Entity Name)
	(Document Number)
Dentified Copies	Certificates of Status
Special Instruction	to Filing Officer.
 ,,	Office Use Only



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I SULKER APR 1 2 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/07/202	1	**WALK IN**
ENTITY NAME_	HS SOLUTIONS CORPORATION -	
HS SOLUTIO		·
DOCUMENT NUM	1BER	
	**PLEASE FILE THE ATTACHED	AND RETURN This is a 1-2
xxxx	Plain Copy	filing
	Certified Copy Certificate of Status	File withdrawa
	PLEASE OBTAIN THE FOLLOWING FOR	R THE ABOVE ENTITY Then
	Certified Copy of Arts & Amendments Certificate of Good Standing	2) File formati
	APOSTILLE' / NOTARIAL CE	ERTIFICATION
COUNTRY OF DE NUMBER OF CER	STINATIONTIFICATES REQUESTED	
TOTAL OWED\$	25:00—\$125.00 A	ACCOUNT #: I20160000072
\$.	35	
Please call Tin	a at the above number for any issues or	r concerns. Thank you so much!



April 8, 2021

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: HS SOLUTIONS HSS CORPORATION

Ref. Number: F15000002071

We have received your document for HS SOLUTIONS HSS CORPORATION and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FOREIGN LLC, but your entity is a FOREIGN CORP. Please complete and return the enclosed blank-form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 921A00007263

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HS Solutions Corporation (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: F150000 2071
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person) HS Solutions Corporation (Firm/Company)
(Name of Person)
HS solutions consolation
(Firm/Company)
100 Blondidge Point Pankway Suite 400 (Address)
Atlanta, AA 30342 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Magest Shall 81 678 1426=5683.
Name of Person) at (678) U.26+ 5683. (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:
☐ \$35 Filing 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: 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

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

HS Solutions corporation (Name of Corporation)
(Name of Corporation)
F15 00000 207 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby 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 and 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:
100 alensidge Point Parkway suite 400
(Mailing Address)
Atlante, GA- 30342 (Criy/State/Zip)
(City/ State /Zip)
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The corporation agrees to posity the Department of State in the future of any change in its mailing address.
The corporation agrees to posity the Department of State in the future of any change in its mailing address. (Signature of a director, president of other officer - if in the hands of a (Dam)
(Signature of a director, president or other officer - if in the hands of a (Dam) receiver or other court appointed fiduciary, by that fiduciary):
Typed or printed name of person signing) SVP. of Finance: (Typed or printed name of person signing)

FILING FEE \$35