

F15000004217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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JUN 15 2013  
T. LEONARD

*Handwritten signature*

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

ACCOUNT NO. : I20000000195  
REFERENCE : 255783 7130715  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : June 13, 2018  
ORDER TIME : 9:10 AM  
ORDER NO. : 255783-020  
CUSTOMER NO: 7130715

FOREIGN FILINGS

NAME: SAMSUNG PAY, INC.

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: \_\_\_\_\_

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

SAMSUNG PAY, INC.

\_\_\_\_\_  
(Name of Corporation)

F15000004217

\_\_\_\_\_  
(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 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:

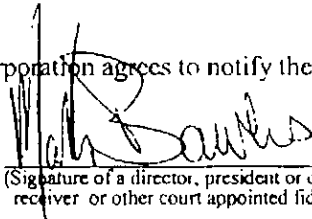
3 VAN DE GRAAFF DRIVE, 4TH FLOOR

\_\_\_\_\_  
(Mailing Address)

BURLINGTON, MA 01803

\_\_\_\_\_  
(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)

MARK BOWERS

\_\_\_\_\_  
(Typed or printed name of person signing)

6/11/18

\_\_\_\_\_  
(Date)

SECRETARY

\_\_\_\_\_  
(Title of person signing)

FILING FEE \$35

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA