

FILED

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000325926850

03/08/19--01001--006 **35.00

R. WHITE
MAR 08 2019

RECEIVED
19 MAR -7 PM 3:12
STATE OF
MISSISSIPPI
CLERK OF
SUPREME COURT

FILED
2019 MAR -7 AM 11:12
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/7 LAUREN

- ☐ **CERTIFIED COPY** _____
- ☒ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** WITHDRAWAL _____

1. **NORDIC CLINICAL INC.**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORDIC CLINICAL INC.
(Name of Corporation)

DOCUMENT NUMBER: F15000004408

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis J. Marasco, Jr.
(Name of Person)

c/o Olshan Frome Wolosky LLP
(Firm/Company)

1325 Avenue of the Americas, 15th Floor
(Address)

New York, NY 10019
(City/State and Zip code)

For further information concerning this matter, please call:

Louis J. Marasco, Jr. at (212) 451-2340
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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
2661 Executive Center Circle
Tallahassee, FL 32301

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

NORDIC CLINICAL INC.

(Name of Corporation)

F15000004408

(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:

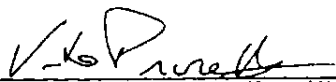
c/o National Registered Agents, Inc., 160 Greentree Drive, Suite 101

(Mailing Address)

Dover, Delaware 19904

(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)

March 6, 2019

(Date)

Vito Proietti

(Typed or printed name of person signing)

Director & Vice President

(Title of person signing)

FILING FEE \$35

FILED
2019 MAR 7 AM 11:12
DEPARTMENT OF STATE
CORPORATION SERVICES
DIVISION