

F15000005133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

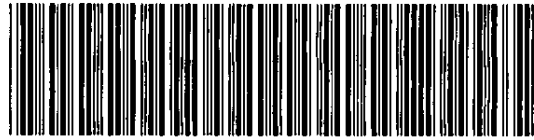
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/13/16--01001--020 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 DEC 12 PM 4: 53
RECEIVED
13 AGENCY OF THE
SUFFICIENCY OF FILING
16 DEC 12 PM 3: 16

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WALK = 1

**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: 12-12-16

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Withdrawal

1. Ontegrity, 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:**

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

ONTEGRITY, INC.

(Name of Corporation)

F15000005133

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of)

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DIVISION OF CORPORATIONS
16 DEC 12 PM 4:53

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 SPEEN STREET, SUITE 210

(Mailing Address)

FRAMINGHAM, MA, 01701

(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)

11/22/16

(Date)

Jonathan B. Quint

(Typed or printed name of person signing)

CEO.

(Title of person signing)

FILING FEE \$35