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incserv®

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ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

R	EOU	EST	DAT	re i i	1/11	/2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 987966

ORDER ENTITY ELVATION MEDICAL INC.

PLEASE PERFORM THE FOLLOWING SERVICES:				
DI EACE DEDEADM THE EALLAWING CEDVICES.				
	DI FASE DE	PEODM THE	FOLLOWIN	G SEDVICES:

ELVATION MEDICAL INC. (FL)

File the attached withdrawal document

NOTES:__ \$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Page 1 of 1 Tuesday, January 11, 2022

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

Elvation Medical Inc.

(Name of Corporation)	
F16000000748		
(Document Number of Corporatio	n (if known)	_
Georgia, 02/17/2016		
(Incorporated Under Laws of and date authorized to trans	act business/conduct its affairs)	
This corporation is no longer transacting business or conducting roluntarily surrenders its authority to transact business or conducting		and here
This corporation revokes the authority of its registered agent ippoints the Department of State as its agent for service of processme it was authorized to transact business or conduct affairs in F	ss based on a cause of action arising	
he following is a current mailing address for the corporation:	70 A	•
2220 Northmont Parkway, Suite 250	ing • •	
(Mailing Address)	37 13	
Duluth, GA 30096	Φ	
(City/ State /Zip)		_
The corporation agrees to notify the Department of State in the function \mathcal{L} . Lets	iture of any change in its mailing a	iddress.
1 1	December 30, 2021	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Sebastian Meis	Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35