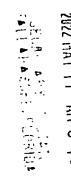
## F16000005475

(Re	equestor's Name)			
(Ad	dress)			
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
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D COMMET

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

REFERENCE: 589451 7951729

AUTHORIZATION

COST LIMIT : \$\frac{1}{3}\frac{1}{3}.00

ACCOUNT NO. : 12000000195

ORDER DATE : April 4, 2022

ORDER TIME : 8:54 AM

ORDER NO. : 589451-045

CUSTOMER NO: 7951729

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: OPEN SYSTEMS SCIENTIFIC, INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

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

	Open Systems S	Scientific, Inc.			
		(Name of Corporatio	on)	_	
	F16000005475				
		(Document Number of Corporation	on (if known)	_	
	New York	12/12/2016			
	(Incorpor	ated Under Laws of and date authorized to tran	nsact business/conduct its affairs)	_	
This co appoints time it v	rporation revokes the Departmen was authorized to	es the authority of its registered agent at of State as its agent for service of proces to transact business or conduct affairs in Functional resulting address for the corporation:	in Florida to accept service on its		
	469 7th Avenue		, c) (	)22 H	-{:
		(Mailing Address)		- XY -	
	New York, NY 1			· -	LL:
		(City/ State /Zip)	T. 07 (D.	8: 13	
The con	poration agrees t	to notify the Department of State in the fi	uture of any change in its mailing a	ddress.	
7	Signature of a directo receiver or other cour	or, possident or other officer - if in the hands of a rt appointed fiduciary, by that fiduciary)	(Date)		
	Harold Herling		President		
_	(Typed or prir	nted name of person signing)	(Title of person signing)		

**FILING FEE \$35**