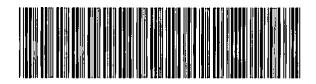
F18000003124

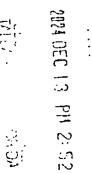
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
rtified Copies Certificates of Status			
Special Instructions to Filing Officer:			
DEC. HORNE			

Office Use Only



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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 U	P: <u>JENA 12/13</u>			
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
XX	FILING	WITHDRAWAL			
	EARNIX, INC. (CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAMÉ AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)				
ECIA	L INSTRUCTIONS:				
	-				

COVER LETTER

	ment Section n of Co rp orations			
SUBJECT: E	arnix, Inc.			
SOBJECT		(Name of Corporation)		
DOCUMENT	NUMBER: F18000003724			
The enclosed w	rithdrawal application and	fee are submitted for filing.		
Please return al	l correspondence concerning	g this matter to the following:		
Ronit I	Maor			
		(Name of Person)		
Earnix	, Inc.			
(Firm/Company)				
221 Crescent Street, Suite 104				
(Address)				
Waltha	ım, MA 02453			
	(C	City/State and Zip code)		
For further info	ormation concerning this mat	ter, please call:		
Ronit Maor		at (861-4501		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a c	heck for the amount:			
■ \$35 Filing F	Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
Divisio P.O. Bo	ment Section n of Corporations	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

Earnix, Inc.	2 .				
(Name of C	orporation)				
F18000003724	Corporation (if known)				
(Document Number of Corporation (if known)					
Incorporation: Delaware, Date Authorized	to Transact Business: August 13, 2018				
(Incorporated Under Laws of and date authorize	ted to transact business/conduct its affairs)				
This corporation is no longer transacting business or covoluntarily surrenders its authority to transact business of					
This corporation revokes the authority of its registered appoints the Department of State as its agent for service time it was authorized to transact business or conduct af	of process based on a cause of action arising during the				
The following is a current mailing address for the corpo	ration:				
221 Crescent Street, Suite 104					
(Mailing	(Mailing Address)				
Waltham, MA 02453					
(City/ St	ate /Zip)				
The corporation agrees to notify the Department of State	e in the future of any change in its mailing address.				
mem	13/12/2024				
(Signature of a director, president or other officer - if in the hand- receiver or other court appointed fiduciary, by that fiduciary)	s of a (Date)				
Ronit Maor	CFO				
(Typed or printed name of person signing)	(Title of person signing)				

FILING FEE \$35