(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400387194944

2022 HAY 20 AM II: 50 RECEIVED

2022 HAY 20 AM 9: 15

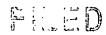
C/2/2/2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: May 20, 2	022	Account#. 12000000000		
Name: KEN				
Reference #:1	592724			
Entity Name:	SIMPLIFY	MEDICAL, INC.		
Articles of Incorporat	ion/Authorization to	Transact Business		
Amendment				
☐ Change of Agent		ISSUES? CALL		
Reinstatement		KEN:		
Conversion		518-213-0738		
☐ Merger				
✓ Dissolution/Withdraw	⁄al			
☐ Fictitious Name				
Other	** CERTIFIED	COPY UPON FILING **		
Authorized Amount:	\$43.75			
Signature.				



## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS OR 15

SIMPLIFY MEDICAL, INC.	SE O MATE TALL. LÁSSEE, FL
(Name of Corporation)	THE COLOR OF LANGUE AND ADDRESS OF THE COLOR
F21000000390	
(Document Number of Corporation (if kn	own)
DELAWARE 01/20/2021	
(Incorporated Under Laws of and date authorized to transact bus	iness/conduct its affairs)
This corporation is no longer transacting business or conducting affair voluntarily surrenders its authority to transact business or conduct affair	•
This corporation revokes the authority of its registered agent in Flor appoints the Department of State as its agent for service of process base time it was authorized to transact business or conduct affairs in Florida.	ed on a cause of action arising during the
The following is a current mailing address for the corporation:	
7475 Lusk Blvd	
(Mailing Address)	
San Diego, CA 92121	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future o	f any change in its mailing address.
Darren Alexander	16-May-2022
(Signature of a director, president or other of the other of in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Darren Alexander	Officer
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**