

F21000001494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

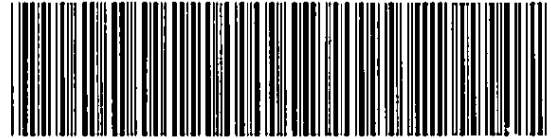
(Document Number)

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Special Instructions to Filing Officer:

J. HORNE  
APR 14 2023

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2023 APR 10 PM 3:52  
SECRETARY OF  
STATE

FILED  
2023 APR 10 PM 1:50  
SECRETARY OF  
STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: 2KPAID INC.  
Ref. Number: F21000001494

RECEIVED  
2023 APR 13 PM 1:44  
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HALLWAY  
DIVISION OF CORPORATIONS  
FLORIDA

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

YOU FILED AN REINSTATEMENT ON 04/10/23, WOULD YOU STILL LIKE FOR YOUR WITHDRAWAL TO BE FILED?.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 823A00008137

*Client has verified that they want to proceed.*

*Please keep original filing date.*

*Thank you!*

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 04/10/23**

**NAME: 2KPAID INC**

**TYPE OF FILING: WITHDRAWAL**

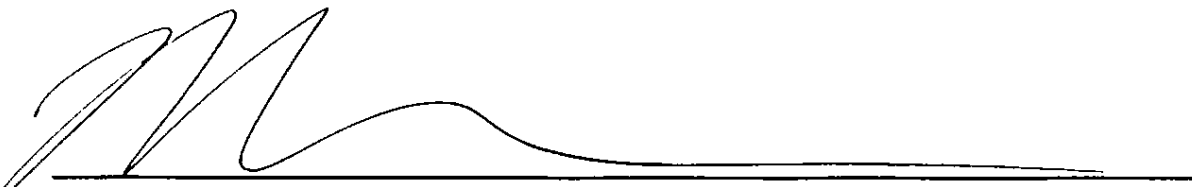
**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 2kPAID Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F21000001494

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo Vargas

\_\_\_\_\_  
(Name of Person)

NEXT Legal PLLC

\_\_\_\_\_  
(Firm/Company)

1395 Brickell Avenue, Suite 950

\_\_\_\_\_  
(Address)

Miami, FL 33131

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Stephen Zagami

at ( 508 ) 904-6696

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

2kPAID Inc.

\_\_\_\_\_  
(Name of Corporation)

F21000001494

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

2023 APR 10 PM 3:52  
SECRETARY  
HALL  
111

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:

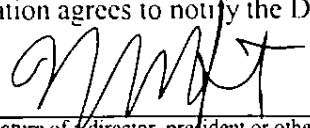
1931 CORDOVA RD., #3091

\_\_\_\_\_  
(Mailing Address)

FORT LAUDERDALE, FL 33316

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4-8-2023  
\_\_\_\_\_  
(Date)

Nolan Hart

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**