

F21000004208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

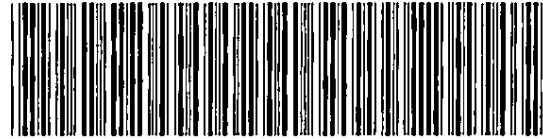
(Document Number)

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2022 JUN 10 PM 3:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUN 10 AM 8:23

7241  
OFFICE

cf 6/15/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 737021 8152401

AUTHORIZATION :

COST LIMIT : ~~\$125.00~~

*[Handwritten signature]*

ORDER DATE : June 10, 2022

ORDER TIME : 2:17 PM

ORDER NO. : 737021-020

CUSTOMER NO: 8152401

FOREIGN FILINGS

NAME: FALAFEL LABS, 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: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2022

CORPORATION SERVICE COMPANY

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: FALAFEL LABS, INC.  
Ref. Number: F21000004208

We have received your document for FALAFEL LABS, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please correct the date of incorporation/organization for the corporation.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 122A00013149

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2022 JUN 14 PM 12:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Withdrawal of Authority - Falafel Labs, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F210000004208

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

Please return all correspondence concerning this matter to the following:

Jamie Levy

(Name of Person)

Atomic Legal Services, P.C.

(Firm/Company)

1 Letterman Drive, Suite C3500

(Address)

San Francisco, CA 94129

(City/State and Zip code)

For further information concerning this matter, please call:

Jamie Levy

at ( 323 ) 509-8766

(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

Falafel Labs, Inc.

(Name of Corporation)

F210000004208

(Document Number of Corporation (if known))

Delaware, 7/26/2021

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

2022 JUN 10 AM 8:23  
FILED  
CLERK  
STATE  
OF FLORIDA

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:

1 Letterman Drive, Suite C3500

(Mailing Address)

San Francisco, CA 94129

(City/ State /Zip)

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

DocuSigned by:

Healey Cypher

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

6/17/2022

(Date)

Healey Cypher

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**