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	(Requestor's Name)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
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ortified Copies	Certificates of Status
Special Instructions to	Filing Officer.

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PM 3:29

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 146784 7578476

AUTHORIZATION : COST LIMIT : \$ 35.00

ORDER DATE : November 18, 2022

ORDER TIME : 2:54 PM

ORDER NO. : 146784-005

CUSTOMER NO: 7578476

FOREIGN FILINGS

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#

NAME: ORIBI INC.

EXAMINER:

COVER LETTER

TO:	2: Amendment Section Division of Corporations					
alib.	Withdrawal					
SUBJ	BJECT:(Nan	ne of Corpora	tion)			
	F21000006222	ne or corpora	(tion)			
DOC	CUMENT NUMBER:					
The e	enclosed withdrawal application and fee are	submitted fo	or filing			
Please	ase return all correspondence concerning this n	natter to the f	ollowir	ng:		
	(Nan	ne of Person)				
	(Firm	m/Company)				
		(Address)				
	(City/Sta	ate and Zip co	ode)			
	further information concerning this matter, plo an Chow	ease call: 650 at (426-0	6003		
	(Name of Person)	•	Code &	Daytime Telephone Number)		
Enclo:	losed is a check for the amount:					
	(Ac	_		□ \$52.50 Filing Fee,Certificate of Status & CertifiedCopy (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 Oribi Inc. (Name of Corporation) F21000006222 (Document Number of Corporation (if known) Delaware 10/14/2021 (Incorporated Under Laws of and date authorized to transact business/conduct its affairs) 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: 1000 West Maude Avenue (Mailing Address) Sunnyvale, California 94085 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address. November 18, 2022 Mark legaspi 4E20D763975647C (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed tiduciary, by that fiduciary) (Date) Assistant Secretary Mark Legaspi

FILING FEE S35

(Title of person signing)

(Typed or printed name of person signing)