

F2100006643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

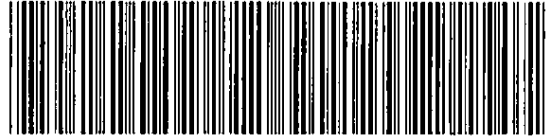
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800421737428

RECEIVED
MAR -7 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 MAR -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. HUNT
2/27/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/07/24
Order #: 1440624-3
Re: K Flex, Corp.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024 MAR 7 AM 11:03
DIV OF STATE
TALLAHASSEE, FL
JD

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: K Flex, Corp.

(Name of Corporation)

DOCUMENT NUMBER: F21000006623

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

Please return all correspondence concerning this matter to the following:

Linh Nguyen

(Name of Person)

ATTN: Entity Management

(Firm/Company)

110 E 59th St

(Address)

New York, NY 10022

(City/State and Zip code)

For further information concerning this matter, please call:

Linh Nguyen at (212) 8294843

(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**

K Flex, Corp.

(Name of Corporation)

F21000006623

(Document Number of Corporation (if known))

September 23, 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:

ATTN: Entity Management, 110 E 59th St

(Mailing Address)

New York, NY 10022

(City/ State /Zip)

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



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

03/06/24

(Date)

Michael Rispoli

(Typed or printed name of person signing)

Chief Financial Officer, Treasurer

(Title of person signing)

FILING FEE \$35