

FZ100000 6778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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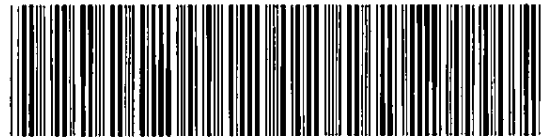
(Business Entity Name)

(Document Number)

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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 12/31/2024

Name: Cheyanne Davis

Reference #: 2605012

Entity Name: FH HEALTH (USA) INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Authorized Amount: \$35.00

Signature: *Cheyanne Davis*

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

FH Health (USA) Inc.

(Name of Corporation)

FH Health (USA) Inc.

(Document Number of Corporation (if known))

Delaware - November 29, 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:


2 St. Clair Avenue East, #1204

(Mailing Address)

Toronto, ON, Canada M4T 2T5

(City/ State /Zip)

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

Signed by:

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

Sepehr Seyedi

(Typed or printed name of person signing)

December 23, 2024

(Date)

Secretary

(Title of person signing)

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