(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:		
J. HORNE APR 30 2025		

Office Use Only



500449559175

2025 AFE 29 PH 12: 48

2005 APR 29 AM II: 21



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 04/29/25 Order #: 1954007-1 Re: Factorial Inc.

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

### Enclosed please find:

Application for Certificate of Withdrawal Amount to be deducted from our State Account: \$35.00 - FL State Account Number: I2000000195

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.

## **COVER LETTER**

TO: Amendment Section  Division of Corporations		
SUBJECT: Factorial Inc.		
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: F22000002420	)	
The enclosed withdrawal application an	d fee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Jason Duva		
	(Name of Person)	
Factorial Inc.		
	(Firm/Company)	
805 Middlesex Tumpike	<u>.                                    </u>	
	(Address)	
Billerica, MA 01821		
	(City/State and Zip code)	
For further information concerning this m	atter, please call:	
Jason Duva	at ( ) 964-7052	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the amount:		
<del>-</del>	S43.75 Filing Fee & S52.50 Filing Fee.  Certified Copy 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

Pactorial Inc.	
(Name of Corpora	ntion)
F22000002420	
(Document Number of Corpor	ration (if known)
Delaware	transact business/conduct its affairs)  ting affairs within the State of Florida and here
(incorporated Under Laws of and date authorized to t	transact business/conduct its affairs)
his corporation is no longer transacting business or conduct pluntarily surrenders its authority to transact business or con	ing attaits within the state of Fronda and here
his corporation revokes the authority of its registered age opoints the Department of State as its agent for service of prome it was authorized to transact business or conduct affairs in the state of	ocess based on a cause of action arising during t
he following is a current mailing address for the corporation	ı:
805 Middlesex Turnpike	
(Mailing Addres	ss)
Billerica, MA 01821	
(City/ State /Ziq	p)
The corporation agrees to notify the Department of State in th	ne future of any change in its mailing address.
Win	4/28/2025
(Sign thre of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jason Duva	Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE S35**