

F23 000000 10Ld6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

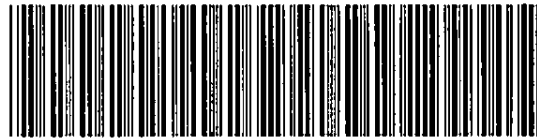
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J. HORNE  
APR - 4 2024

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24 APR - 3 AM 6:50  
TALLAHASSEE, FLORIDA

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2024 APR - 3 PM 4:16  
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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
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Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 04/02/2024

Name: Patrice Rush

Reference #: 2245992

Entity Name: PROJECT HEALTHY MINDS CORPORATION

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: 



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Signature: 

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROJECT HEALTHY MINDS CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** F23000001066

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

Please return all correspondence concerning this matter to the following:

(Name of Person)  
PROJECT HEALTHY MINDS CORPORATION  
(Firm/Company)  
1735 North First Street  
(Address)  
San Jose, CA 95112  
(City/State and Zip code)

For further information concerning this matter, please call:

Alex Jilla at (732) 757-9620  
(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**

PROJECT HEALTHY MINDS CORPORATION

\_\_\_\_\_  
(Name of Corporation)

F23000001066

\_\_\_\_\_  
(Document Number of Corporation (if known))

Pennsylvania

\_\_\_\_\_  
(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:


1735 North First Street

\_\_\_\_\_  
(Mailing Address)

San Jose, CA 95112

\_\_\_\_\_  
(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)

4/3/2024

\_\_\_\_\_  
(Date)

Alexander Jilla

\_\_\_\_\_  
(Typed or printed name of person signing)

CFO

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**