

F94000003327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

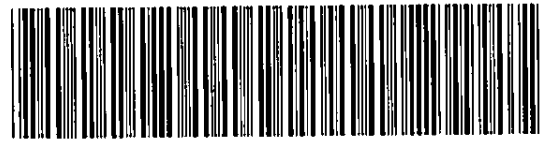
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600436604266

FILED

2024 OCT -3 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 OCT -3 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

To: Department Of State, Division Of Corporations
From: Ben Bolen
Ext:
Date: 10/03/24
Order #: 1637483-4
Re: Maeril, Inc.
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Ben Bolen", is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35 - FL State Account Number:
120000000195

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: MAERIL, INC.

(Name of Corporation)

DOCUMENT NUMBER: F94000003327

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

Please return all correspondence concerning this matter to the following:

JOY FARMER

(Name of Person)

AIR COMMUNITIES

(Firm/Company)

4582 S ULSTER ST, SUITE 1700

(Address)

DENVER, CO 80237

(City/State and Zip code)

For further information concerning this matter, please call:

JOY FARMER

at (303) 488-4239

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2024

CSC

SUBJECT: MAERIL, INC.
Ref. Number: F94000003327

RESUBMIT
Please give original
submission date as file date.

We have received your document for MAERIL, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 524A00022022

RECEIVED

2024 OCT 18 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FL.

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

MAERIL, INC.

(Name of Corporation)

F94000003327

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED
2024 OCT -3 AM 8:33
TALLAHASSEE, FLORIDA

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:


4582 S ULSTER ST, SUITE 1700

(Mailing Address)

DENVER, CO 80237

(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)

JOY FARMER

(Typed or printed name of person signing)

SEPTEMBER 30, 2024

(Date)

ASSISTANT SECRETARY

(Title of person signing)

FILING FEE \$35