

MI20000001834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

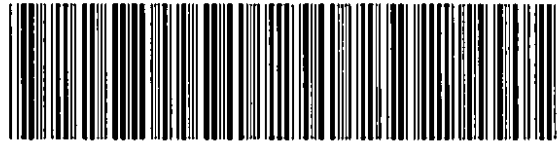
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700380678677

FILED

2022 MAR 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 MAR 18 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FL

Resolution
to withdraw Alt
Name

MAR 21 2022

I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 562018 7688666

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : March 18, 2022

ORDER TIME : 9:43 AM

ORDER NO. : 562018-005

CUSTOMER NO: 7688666

FICTITIOUS NAME REGISTRATION

RESOLUTION TO WITHDRAW ALTERNATE NAME

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

☐ Certified Copy
☒ Plain Stamped Copy
☐ Certificate of Status

CONTACT PERSON: Alexxis Weiland - Ext.

EXAMINER'S INITIALS:

[Signature]

RECEIVED
2022 MAR 18 AM 11:36
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMX, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

FILED
2022 MAR 18 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FL

I, the undersigned, do hereby certify that I am the Authorized Person of

SMX, LLC

(Name of Limited Liability Company)

, a limited liability

company duly organized and existing under the laws of Illinois

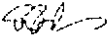
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Adlab, LLC

(Alternate Name Renounced in State of Florida)

DocuSigned by:



03428F8F5A12401

Todd Gilman, Director

March 16, 2022

Signature of Authorized Person

Date

Make check payable to Florida Department of State and mail to:

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**