M17000006840

| (| 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



600342964466

2020 APR 10 AM 8:37
SECRETARY OF STATE
FALLAMASSEF FIORIO.

PENENED 2020 AFR 10 PM 21.0

APR 13 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 April 10, 2020 Date: **KEN HOWELL** Name:_ 1208294 Reference #:____ OPENDOOR PROPERTY W4 LLC Entity Name:_____ Articles of Incorporation/Authorization to Transact Business Amendment ☐ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion ☐ Merger ✓ Dissolution/Withdrawal Fictitious Name

Authorized Amount:

\$25.00

Signature



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

| Date: April 10 |), 2020 | Account#: I2000000088 |
|---------------------|-----------------------|-----------------------|
| Name: KEN H | | |
| Reference #: | 1208294 | |
| Entity Name: | OPENDOOD | PROPERTY W4 LLC |
| Articles of Incorp | oration/Authorization | to Transact Business |
| Amendment | | |
| Change of Agent | | ISSUES? CALL |
| Reinstatement | | KEN: |
| Conversion | | 518-213-0738 |
| Merger | | |
| ☑ Dissolution/Witho | frawal | |
| ☐ Fictitious Name | | |
| Other | | |
| | | |
| | | |
| Authorized Amount: | \$25.00 | |
| Signature: | | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Opendoor Property W4 LLC | |
|---|---|
| (Name of limited liability company) | • |
| Delaware | |
| (Jurisdiction of its organization) | |
| 08/10/2017 | |
| (Date registered with Florida Department of State) | |
| M1700006840 | |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in the Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Department. | (optional) date of filing or filing requirements. |
| (Signature of authorized representative) | <u>.</u> |
| Elizabeth Stevens | |
| (Typed or printed name of signee) | EST APR TO AM 8: 37 |

Filing Fee: \$25.00