<u> 118000005125</u>

| (Ře | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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2019 APR 15 AM 9: 05

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19 APR 15 AM 11: 1



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

Account#: I20000000088

| Date: April 15 | <u>, 2019 </u> | | |
|---------------------|---|------------------|------------------------------------|
| Name: KEN HO | OWELL | | |
| Reference #: | 1069716 | | |
| Entity Name: | | RAINING, LLC | |
| Articles of Incorpo | oration/Authorization to T | ransact Business | |
| Amendment | | | |
| ☐ Change of Agent | | ISSUES? CAI | ĭ |
| Reinstatement | | KEN: | ,L |
| Conversion | | 518-213-0738 | |
| Merger | | | 20 |
| ☑ Dissolution/Withd | rawal | | APPROAN FIL 2019 APR 15 150 CRETAS |
| ☐ Fictitious Name | | | RPRO FILL R15 |
| Other | | | |
| | | | 9: 05 |
| | | | u . |
| Authorized Amount: | \$25.00 | | |

Signature:

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: | Gate | way Trai | ning, Ll | _C | |
|--|--|---|-------------|---|-------------------|
| SUBJECT: | (Name of Forei | gn Limited L | iability Co | тралу) | |
| Dear Sir or Madam: | | | | | |
| ees 1 1 54 1 . | | for filing | | | |
| The enclosed withdr | awal and fee(s) are submitted t | ior ming. | | | |
| Please return all corr | espondence concerning this m | atter to the fo | ollowing: | | |
| | Jennifer Twitty | | | | |
| | (Name of Person) | <u> </u> | | | |
| | | | | | |
| KRAME | R HOLCOMB SH | HEIK L | LP | | |
| (Firm/Company) | | | | | |
| | | | | | |
| 1925 Cen | tury Park East, | Suite 1 | 180 | | |
| | (Address) | | | | |
| Los | Angeles, CA 90 | 0067 | | | 355 177 177 |
| | (City/State and Zip Code) | | | | |
| | | | | | |
| For further informati | ion concerning this matter, ple | ase call: | | | |
| | | | | | |
| | Jennifer Twitty at (310) 551-0600 (Name of Person) (Area Code & Daytime Telephone Number | | | | |
| (1) | ame of Person) | (Aπ | a Code & L | aytime Telephone Number) | |
| Registration Division of Clifton Bui 2661 Execu | Corporations | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check | for the following amount: | | | | |
| \$25 Filing Fee | \$30 Filing Fee & Certificate of Status | \$55 Filing Certified | | \$60 Filing Fee, Certificate of Status & Certified Copy | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| GATEWAY TRAINING, LLC |
|--|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| May 30, 2018 |
| (Date registered with Florida Department of State) |
| M18000005125 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. 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 date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| (Signature of authorized representative) |
| Jennifer Twitty |
| (Typed or printed name of ciance) |

AND AND FILED

Filing Fee: \$25.00