

N22000007022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

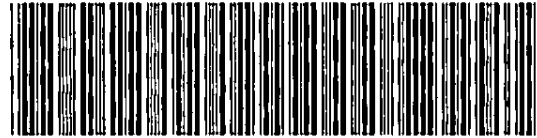
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: collaboARTive, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N22000007022

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jean Blackwell Font

(Name of Person)

collaboARTive, Inc.

(Name of Firm/Company)

4726 SW 75 Avenue

(Address)

Miami, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Jean Blackwell Font at (305) 890-9627

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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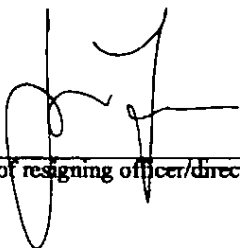
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Javier Font, hereby resign as Director
(Title)

of collaboARTive, Inc.
(Name of Corporation)

N22000007022, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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FILING FEE IS \$35.00

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314