(Requestor's Name)			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 265565 7175508 AUTHORIZATION : COST LIMIT : ORDER DATE: November 23, 2021 ORDER TIME : 8:35 AM ORDER NO. : 265565-030 CUSTOMER NO: 7175508 FOREIGN FILINGS NAME: 95 PERCENT GROUP INC. XX CORPORATE \_\_\_\_ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

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

9.	5 PERCENT	GROUP INC.		
_		(Name of Corporation)		
F	0700000190	9		
_	<u> </u>	(Document Number of Corporation	(if known)	
11	LLINOIS	04/09/2007		
_	(Incorp	orated Under Laws of and date authorized to transa	net business/conduct its affairs)	<del></del>
appoints the	e Departme authorized	okes the authority of its registered agent in ent of State as its agent for service of process I to transact business or conduct affairs in Flo rent mailing address for the corporation:	s based on a cause of action arising	s behalf and ng during the
47	75 HALF DA	AY RD., STE 350	200 - 200 - 100	
_		(Mailing Address)	• :	21.
Li	INCOLNSH	IRE, IL 60069	۶	
		(City/ State /Zip)	·,	15.8   8   5   1   1   1   1   1   1   1   1   1
The corpora	ation agree	s to notify the Department of State in the fut	ure of any change in its mailing a	add <del>re</del> ss.
78! <del></del>	_	moral Holl	11/22/2021	
Loca (2)Bu	iaure of a dire	ctor, president or other officer - if in the hands of a ourt appointed fiduciary, by that fiduciary)	(Date)	
C. D	DAVID HAL	L	SECRETARY	
	(Typed or	printed name of person signing)	(Title of person signing)	

**FILING FEE \$35**