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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/13/2023 10:45 AM Fee Receipt: \$40.00



# COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Withdraw Business Entity)	<i>r</i> al	WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu				
The name of the business entity is		J. l. Hass Co., Inc.		
1. The name of the business entity is				
2. The state or country of formation is		New Jersey		
<ol><li>The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:</li></ol>				
8630 Briarose Ct.		Newburgh	IN	47630
Street Address (No Post Office Box N	umbers) C	ity	State	Zip Code
<ol> <li>The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.</li> <li>The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.</li> </ol>				
6. This application will be effecti or the delayed effective date can				
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				
Day Strass			Jay I. Hass	March 09,2023  Date
Signature of Authorized Representative	/e	Printed Name		Date

# FILING INSTRUCTIONS CERTIFICATE OF WITHDRAWAL OF A FOREIGN BUSINESS ENTITY

#### NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

# **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, partner or trustee.

# **NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

# **DELAYED EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

# **FILING FEE**

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

# **MAILING ADDRESS**

Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

# OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

# **CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.