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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/24/2023 2:12 PM Fee Receipt: \$40.00

# **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawa (Foreign Business Entity)	I	WFE
	S 14A - 030 the undersigned applies for d, for that purpose, submits the following		awal on behalf of the
1. The name of the business en	tity is TERREMARK NORTH AMERICA I		e Secretary of State.)
2. The state or country of forma	tion is		······································
	orward to the business entity at the follow d commits to notify the Secretary of State		
ONE VERIZON WAY	BASKING RIDO	GE NJ	07920
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursua authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	nsacting business in the Commonwealth nt to KRS 14A.9-010(7) the business ention of the Department of Insurance.  the authority of its registered agent to access its agent for service of process in any late to transact business in the Commonweatinge in its mailing address.	ity is a foreign insurer cept service of proces proceeding based on	with a certificate of ss on its behalf and a cause of action arising
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjury	y under the laws of Kentucky that the forc	going is true and corre	ect.
Com Canan	Jori Sawan		05/01/2023
Signature of Authorized Represer	ntative Printed Name		Date

(02/23)

# 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.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time 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 152, 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.