

Certificate of Cancellation FOREIGN Limited Liability Company

→ Filing Fee: \$75.00



Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:			
Entity ID Number:	The name of the limited liability company is:		
000956964	Mosaic Employee Holdco, LLC		
3. It is organized under the laws of: Delaware			
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.			
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island.			
6. The post office address to which the Department of State may mall a copy of any process against the limited liability company that may be served on him or her is: 6600 CORPORATE CENTER PKWY, JACKSONVILLE, FL 32216			
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified at taxportal.ri.gov.]			
8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY			
☑ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Person			Date
Lauren Underwood, Attorney-in-Fa	ict		12/18/2020
Signature of Authorized Person Ann huml			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.rl.gov.

FORM 452- Revised: 08/2020

Limited Power of Attorney

The undersigned Officer of MOSAIC EMPLOYEE HOLDCO, LLC, a Delaware entity ("the Company"), appoints Lauren Underwood as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Ashley Goldsmith, Special Manager grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations Network Inc., 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 13th day of December, 2020.

MOSAIC EMPLOYEE HOLDCO, LLC

Name: Ashley Goldsmith

Title: Special Manager

STATE OF FLORIDA COUNTY OF PALM BEACH

Subscribed and sworn to before me this 13th day of December, 2020.

Notary Public

CARLOS M. ALVAREZ
Commission # GG 208206
Explres April 17, 2022
Banded Thru Trey Fain Insurance 800-385-7019

RI SOS Filing Number: 202080463160 Date: 12/18/2020 12:05:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

December 18, 2020 12:05 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

