

M23000010277

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000272025 3))



H230002720253ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: EFILE1234@INCFILE.COM

RECEIVED

2023 AUG -7 AM 10:59

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
SPIREZEN LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

SECRETARY OF STATE

2023 AUG -7 AM 10:53

8/11/2023

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(((H23000272025 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: SPIREZEN LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at ( 1 )

Area Code

888-462-3453

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

(((H23000272025 3)))

(((H23000272025 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.0101(1), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SPIREZEN LLC
(Name of Foreign Limited Liability Company must include: Limited Liability Company, LLC, or L.L.C.)

State of Foreign Limited Liability Company (must include the name of the state in which the limited liability company is organized)

Texas
(State of Foreign Limited Liability Company (must include the name of the state in which the limited liability company is organized))

12258 Latigo Dr
(Street address of Florida registered agent (P.O. Box NOT acceptable))

12258 Latigo Dr
(Street address of Foreign Limited Liability Company)

Frisco, TX 75035
(City and zip code of Florida registered agent (P.O. Box NOT acceptable))

Frisco, TX 75035
(City and zip code of Foreign Limited Liability Company)

Name and street address of Florida registered agent (P.O. Box NOT acceptable)
Name: Sandeep Jadala
Office Address: 8928 Sea Chase Dr
Lake Worth, Florida 33467

FILED
2023 AUG -7 AM 10:33
STATE OF FLORIDA

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sandeep Jadala
Registered agent's signature

(((H23000272025 3)))

((H23000272025 3))

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name <u>Nikhita Yalamaddi</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address <u>12258 Latigo Dr</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	<u>Frisco, TX 75035</u>	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other	Other _____	<input type="checkbox"/> Other	Other _____
Manager	Name _____	<input type="checkbox"/> Manager	Name _____
Member	Address _____	<input type="checkbox"/> Member	Address _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	<input type="checkbox"/> Person	_____
Other	Other _____	<input type="checkbox"/> Other	Other _____
Manager	Name _____	<input type="checkbox"/> Manager	Name _____
Member	Address _____	<input type="checkbox"/> Member	Address _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	<input type="checkbox"/> Person	_____
Other	Other _____	<input type="checkbox"/> Other	Other _____

migrant source Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Nikhita Yalamaddi  
Signature of authorized person

Nikhita Yalamaddi  
Typed printed name of signer

((H23000272025 3))

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State  
(((H23000272025 3)))

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SPIREZEN LLC (file number 804708271), a Domestic Limited Liability Company (LLC), was filed in this office on August 29, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 04, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State

(((H23000272025 3)))