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COVER LETTER

TO:	Registration Division of 0	Section Corporations			
SUBJ	ECT: Ziggy	LSV Inc			
0020		Name	of corporation	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Exist		of Good Stan	Authorization to Transact Business in ding" and cheek are submitted to regis ss in Florida.	
Please	return all corr	espondence concerni	ing this matter	to the following:	
Mike I	lillman				
			Name of I	Person	· · · · · · · · · · · · · · · · · · ·
Ziggy	LSV Inc				
			Firm/Com	ipany	
750 Po	rt America Plac	re #100			
			Addre	ess	
Grapes	ine, TX 76051				
		······································	City/State at	nd Zip code	
mikeh(@ziggywheels.c				
		E-mail address	s: (to be used f	for future annual report notification)	
For fu	rther informati	ion concerning this n	natter, please c	call:	
Mike I	fillman		at (833	944-4490	
	Name of Pc	rson	Area Code	e Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		for the following amovable to: FLORIDA D S78,75 Filir Certificate	EPARTMENT ng Fee &	🗎 \$78.75 Filing Fee & 💢 🔲 \$87.50 I	ate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Ziggy LSV Inc		•	
(Enter name of c	corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORRORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
Texas		1963853	
	ry under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
, 750 Port America	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 a Place #100, Grapevine, TX 76051	lorida, if prior to registration) 2, F.S., to determine penalty liabil	iity)
•	(Principal office	street address)	
	(Current mailing	address, if different)	0
. Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	Jon Waldrop		
Office Address:	5426 Hwy 98w		
	Santa Rosa Beach	, Florida 32459	¥
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: Gautam Jain Yasir Zoha □Chairman Name: □Chairman 4119 Nia Dr, Irving TX 75038 4119 Nia Dr, Irving, TX 75038 Address: ☐ Vice Chairman Address: □Vice Chairman Director Director □ President □ President ☐ Vice President □Vice President ☐ Secretary Treasurer □ Secretary □Treasurer Other _____ □Other ____ □Other ______ Other □ Chairman Name: □ Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: _ Director □ Director □President ☐ President ☐ Vice President □Vice President □ Secretary □Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other _____ ☐Other _____ Other ____ Name: ____ □Chairman □Chainnan Name: □ Vice Chairman Address: ______ ☐ Vice Chairman Address: □ Director □ Director □ President □ President □Vice President ___ □Vice President □ Treasurer □ Secretary □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Important Notice: 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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Yasir Zoha, Director

Corporations Section Deputy Secretary of State P.O.Box 13697 Austin, Texas 78711-3697

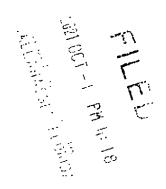


Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ziggy LSV Inc (file number 803120760), a Domestic For-Profit Corporation, was filed in this office on September 18, 2018.

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



Jose A. Esparza

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 October 01, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709