F23000006827

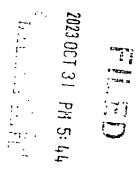
(Red	questor's Name)	
(Add	dress)	
(k, A)	dress)	
ээн	iress)	
(Cit)	//State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)
(Doc	cument Number)	
Certified Copies	Certificates o	f Status
Special instructions to F	Filing Officer:	
1.100		
W2300015	2090	

Office Use Only



900417781449

10/31/23--01043--008 ++97.50



COVER LETTER

	egistration Section Division of Corporation	ns			
SUBJEC	T: Ignion Inc.				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of corporati	on - mus	t include suffix	
Dear Sir	or Madam:				
"Certifica	ite of Existence," or '	Foreign Corporation for Certificate of Good Storation to transact busing Foreign to transact busing the contract of the cont	anding"	and check are submi	
Please ret	urn all corresponden	e concerning this mat	ter to the	following:	
Ernesto L	opez Ramos				
		Name	of Persor	1	
Ignion Inc	: .				
·		Firm/C	ompany		
8875 Hide	den River Parkway Suit	e 300			
		Ad	dress		
Tampa, F	lorida 33602				
		City/State	and Zip	code	
ernest.lop	ez@ignion.io				
	ts-n	iail address: (to be use	d for futi	are annual report not	ification)
For furth	er information concer	ning this matter, pleas	e call:		
Ernesto L	opez	813 at (33	52216	
	Name of Person	Area C	ode	Daytime Telepho	ne Number
F E T 2	TREET/COURIER Registration Section Division of Corporatio The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	ons ssee t. Suite 810		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please ma	O Filing Fee 💢 S	lowing amount: .ORIDA DEPARTME 78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & ified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Section Sect	(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Date Mabry Hyey Suite 326				
Section Sect	Section Sect	(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	ng business in Florida)
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEF SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Date Mabry Hwy Suite 326	(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEF SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Date Mabry Hwy Suite 326				-
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEF SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Date Mabry Hwy Suite 326	(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEF SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Date Mabry Hwy Suite 326	(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Norma Berrios	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Norma Berrios				
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mahry Hay Suite 326	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mahry Hay Suite 326	(Date	of incorporation)	(Date of duration, if other	than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mabry Hwy Suite 326	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8875 Hidden River Parkway Suite 300, Tampa FL 33637 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mabry Hwy Suite 326			on 11 12 1	
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Name: Norma Berrios	(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Name: Norma Berrios		(SEE SECTIONS 607.1501 & 607.150		ity)
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mabry Have Suite 326	(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mabry Have Suite 326	8875 Hidden Riv	er Parkway Suite 300, Tampa FL 33637		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Norma Berrios	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Norma Berrios			e <u>street</u> address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Norma Berrios	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Norma Berrios			.,	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mabry Hwy Suite 326	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Norma Berrios 14502 N Dale Mabry Hwy Suite 326 Tampa Florida Tampa		(Current mailing	address, if different)	
Name: Name: Norma Berrios 14502 N Dale Mabry Hwy Suite 326	Name: Name: Norma Berrios 14502 N Dale Mabry Hwy Suite 326 Tampa (City) (City) Norma Berrios (City) (200 CO
Name: 14502 N Dale Mabry Hwy Suite 326	Name: 14502 N Dale Mabry Hwy Suite 326	Name and stree	et address of Florida revistered agent: (P.O.)	Box NOT acceptable)	2023 \$ 5.55 1755
ffice Address: 14502 N Date Mabry Hwy Suite 326	Florida 33618 (City) Florida (Zip code)			Box NOT acceptable)	2023 OCT \$_\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Tampa , Florida 33618 (City) (Zip code)		Norma Berrios	Box <u>NOT</u> acceptable)	2023 OCT 31
Tampa Florida 33618	(City) (Zip code)	Name:	Norma Berrios	Box <u>NOT</u> acceptable)	2023 OCT 31 PA STALLARIOSIS
(City) (Zip code)		Name:	Norma Berrios 14502 N Dale Mabry Hwy Suite 326 Tampa		2023 OCT 31 PH 5:
laving been named as registered agent and to accept service of process for the above stated corporation at the		Name: Office Address: Registered aglaving been nam	Norma Berrios 14502 N Dale Mabry Hwy Suite 326 Tampa (City) ent's acceptance: ned as registered agent and to accept service	, Florida 33618 (Zip code) (Zip code)	d corporation at the p
aving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap arther agree to comply with the provisions of all statutes relative to the proper and complete performance of n	orther agree to comply with the provisions of all statutes relative to the proper and complete performance of n	Name: ffice Address: Registered ag faving been nan esignated in this orther agree to c	Norma Berrios 14502 N Dale Mabry Hwy Suite 326 Tampa (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes re-	Florida 33618 Florida (Zip code) e of process for the above state ent as registered agent and agr lative to the proper and comple	d corporation at the page to act in this capac
laving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap	orther agree to comply with the provisions of all statutes relative to the proper and complete performance of n and I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address: Registered aglaving been nanesignated in this	Norma Berrios 14502 N Dale Mabry Hwy Suite 326 Tampa (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes registered and accept the obligations of my positive with and accept the obligations of my positive services.	Florida 33618 Florida (Zip code) e of process for the above state ent as registered agent and agr lative to the proper and comple	d corporation at the page to act in this capac

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 Ernesto Lopez Ramos □ Chairman □ Chairman Name: ______ □Vice Chairman Address: 8875 hidden River Prky □ Vice Chairman Address: ____ STE 300, Tampa,FL 33637 Director □Director □President □President □ Vice President □Vice President ☐ Treasurer □ Secretary □ Treasurer □ Secretary □Other____ □Other _____ □Other _____ Name: _____ Name: □Chairman □Chairman □Vice Chairman Address: □ Vice Chairman Address: _______ □ Director □ Director □President □ President □Vice President □Vice President _____ □Treasurer □ Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ □Other __ _ __ __ □Other Name: ______ □Chairman □Chairman Name: □ Vice Chairman Address: □ Director □ Director □President President □ Vice President □Vice President □Treasurer ☐Treasurer □ Secretary □ Secretary □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. Ernesto López Ramos

en en en Signa en en en en

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IGNION INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IGNION INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204680238

Date: 11-28-23