

F23 000006827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

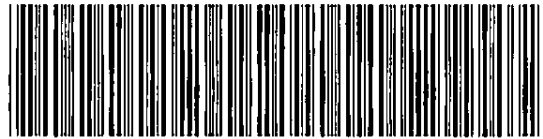
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600423409546

02/13/24--01022--015 **25.00

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W. HUNT

02/15/24



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are forms for a change of name, duration, or jurisdiction, for a foreign profit corporation qualified to do business in Florida as required by section 607.1504, Florida Statutes.

- Complete the appropriate application for amendment attached to this letter.
- An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.
- Fees for the amendment are:

Filing Fee	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75
- Send one check in the total amount made payable to the Florida Department of State.
- Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

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

Street Address:

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

For further information, you may call (850) 245-6050.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IGNION INC.

Name of Corporation

DOCUMENT NUMBER: F23000006827

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNESTO L RAMOS

Name of Contact Person

IGNION INC.

Firm/Company

8875 HIDDEN RIVER PRKY STE 300

Address

TAMPA, FL 33637

City/State and Zip Code

ernest.lopez@ignion.io

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

For further information concerning this matter, please call:

NORMA BERRIOS

at (813) 425-1972

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CORPORATIONS
TALLAHASSEE, FL
JUN 13 2013 PM 4:24

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F23000006827

(Document number of corporation (if known))

1. IGNION, INC.
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE 3. 10/31/2023
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

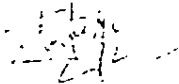
Signature of New Registered Agent, if changing

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TALLAHASSEE, FL
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Larry Michael Paulson	PO Box 675133	<input checked="" type="checkbox"/> Add
		Pancho Santa Fe, CA 92067	<input type="checkbox"/> Remove
D	Jaap Groot	8875 Hidden River Prwy, Suite 300	<input checked="" type="checkbox"/> Add
		Tampa, FL 33637	<input type="checkbox"/> Remove
D	Francisco Javaier Lopez Segura	8875 Hidden River Prwy, Suite 300	<input checked="" type="checkbox"/> Add
		Tampa, FL 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ernesto L. Ramos

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35.00

2013 MAR 13 PM 4:24
DEPT. OF STATE
TALLAHASSEE, FL
30

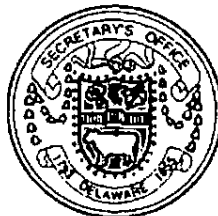
Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ANNUAL REPORT OF "IGNION INC." AS FILED IN THIS OFFICE.

FILED
2024 JAN 13 PM 4:24
OFFICE OF STATE
CLERK, DE. FL




Jeffrey W. Bullock, Secretary of State

4556023 8200
SR# 20240320284

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202723616
Date: 02-01-24

State of Delaware

Annual Franchise Tax Report

CORPORATION NAME			TAX YR.
IGNION INC.			2023
FILE NUMBER	INCORPORATION DATE	RENEWAL/REVOCATION DATE	
4556023	2020/12/28		
PRINCIPAL PLACE OF BUSINESS			PHONE NUMBER
8875 HIDDEN RIVER PARKWAY. SUITE 300 TAMPA, FL 33637			18887268366
REGISTERED AGENT			AGENT NUMBER
HARVARD BUSINESS SERVICES, INC. 16192 COASTAL HWY LEWES DE 19958			9020245
AUTHORIZED STOCK BEGIN DATE	END DATE	DESIGNATION/ STOCK CLASS	NO. OF SHARES PAR VALUE/ SHARE
2020/12/28		COMMON	1,500 \$0.0100000
OFFICER	NAME	STREET/CITY/STATE/ZIP	
DIRECTORS	NAME	STREET/CITY/STATE/ZIP	
	ERNESTO LOPEZ RAMOS	8875 HIDDEN RIVER PARKWAY. SUITE 300 TAMPA, FL 33637	
	JAAP GROOT	8875 HIDDEN RIVER PARKWAY. SUITE 300 TAMPA, FL 33637	
	FRANCISCO JAVIER LOPEZ SEGURA	8875 HIDDEN RIVER PARKWAY. SUITE 300 TAMPA, FL 33637	
	LARRY MICHAEL PAULSON	8875 HIDDEN RIVER PARKWAY. SUITE 300 TAMPA, FL 33637	
NOTICE: Pursuant to 8 Del. C. 502(b), If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury.			
AUTHORIZED BY (OFFICER, DIRECTOR OR INCORPORATOR)		DATE	TITLE
ERNESTO LOPEZ RAMOS		2024/01/12	DIRECTOR
8875 HIDDEN RIVER PARKWAY. SUITE 300 TAMPA, FL 33637 US			