

M220000017729

(Requestor's Name)

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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. ROBERTS

NOV 29 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/29/2022

Acc#I20160000072

*en: c DW*

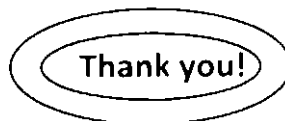
Name:	Ignite Acquisition, LLC
Document #:	
Order #:	14654198

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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

1. \_\_\_\_\_ (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

<p>5. <u>360 North Crescent Drive, South Building</u> (Street Address of Principal Office)</p> <p><u>Beverly Hills, California 90210</u></p>	<p>6. <u>360 North Crescent Drive, South Building</u> (Mailing Address)</p> <p><u>Beverly Hills, California 90210</u></p>
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_ Plantation \_\_\_\_\_, Florida 33324

(City) (Zip code)

**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.*

By: Theresa Buck Theresa Buck, Assistant Secretary  
(Registered agent's signature)

2022 NOV 29 AM 9:49

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>
<input checked="" type="checkbox"/> Manager	Name: <u>Mary Ann Sigler</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Dan Krasner</u>
<input type="checkbox"/> Member	Address: <u>360 North Crescent Drive</u>	<input type="checkbox"/> Member	Address: <u>360 North Crescent Drive</u>
<input type="checkbox"/> Authorized	<u>South Building</u>	<input type="checkbox"/> Authorized	<u>South Building</u>
Person	<u>Beverly Hills, California 90210</u>	Person	<u>Beverly Hills, California 90210</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

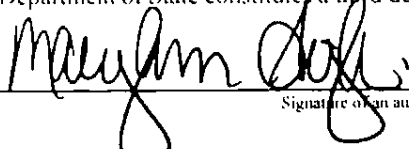
<input checked="" type="checkbox"/> Manager	Name: <u>Joseph P. Adams</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Moreno</u>
<input type="checkbox"/> Member	Address: <u>360 North Crescent Drive</u>	<input type="checkbox"/> Member	Address: <u>360 North Crescent Drive</u>
<input type="checkbox"/> Authorized	<u>South Building</u>	<input type="checkbox"/> Authorized	<u>South Building</u>
Person	<u>Beverly Hills, California 90210</u>	Person	<u>Beverly Hills, California 90210</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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.

egv   
Signature of an authorized person  
Mary Ann Sigler  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IGNITE ACQUISITION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7153962 8300

SR# 20224123271

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204956758

Date: 11-29-22