



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697  
(Form 503)

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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Asset Safe**

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2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**Ellidair LLC**

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3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS**

4. The period, not to exceed 10 years, during which the assumed name will be used is  
: **02/17/2036**

5. The entity is a : **Domestic Limited Liability Company (LLC)**

6. The entity's principal office address is:

**5900 Balcones Drive Suite 100, Austin, TX, USA 78731**

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7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

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8. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**Ellidair LLC**

**Name of the entity**

By: **Michael John Lewis**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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