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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

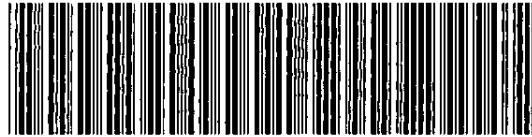
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2009
D.A. WHITE

COVER LETTER

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TO: New Filing Section
Division of Corporations

2009 AUG 10 P 2: 54

SUBJECT: AXIS FINANCIAL SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ARIEL KAGAN, CONTROLLER

Name of Person

AXIS FINANCIAL SERVICES, INC.

Firm/Company

2231 RUTHERFORD RD, STE 210

Address

CARLSBAD, CA 92008

City/State and Zip code

ARIELKAGAN@AXISFSINC.COM

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

For further information concerning this matter, please call:

JENNIFER WEST

Name of Person

at (760) 929-6680 EXT. 117

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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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.

AUG 10 P 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. AXIS FINANCIAL SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 33-0879176

(FEI number, if applicable)

4. October 7, 1999

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2231 RUTHERFORD RD, STE 210, CARLSBAD, CA 92008

(Principal office address)

PO BOX 130280, CARLSBAD, CA 92013-0848

(Current mailing address)

8. THIRD PARTY DEBT COLLECTIONS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 S. PINE ISLAND RD

PLANTATION

(City)

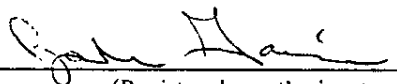
, Florida 33324

(Zip code)

10. **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.

Yadira Garcia, Asst. Secretary



(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: _____

Address: _____

2009 AUG 10 P 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: DAVID OAS

Address: 2231 RUTHERFORD RD., STE 210, CARLSBAD, CA 92008

Director: JEANNIE POSNER

Address: 2231 RUTHERFORD RD., STE 210, CARLSBAD, CA 92008

B. OFFICERS

President: DAVID OAS

Address: 2231 RUTHERFORD RD, STE 210, CARLSBAD, CA 92008

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. DAVID OAS, PRESIDENT/DIRECTOR

(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

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2009 AUG 10 P 2: 54

CERTIFICATE OF STATUS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

AXIS FINANCIAL SERVICES, INC.

FILE NUMBER: C2178546
FORMATION DATE: 10/07/1999
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 29, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State