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COVER LETTER

TO:	Registration Section Division of Corporations	
ÇIID II	AXE & AXE, LLC	
SUBJI	Name of Limited Liability Company	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifice, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please	return all correspondence concerning this matter to the following:	
	LOVETTE DOBSON	
	Name of Person	
	Firm/Company	
	17350 STATE HWY 249 #220	
	Address	
	HOUSTON, TX 77064	
	City/State and Zip Code	
	EFILE1234@INCFILE.COM	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	LOVETTE DOBSON 1 888-462-3453 at ()	
	Name of Contact Person at () Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, Fl, 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{S155.00 Filing Fee & Certified Copy} \ \text{Certified Copy} \ \text{S160.00 Filing Fee, Ce of Status & Certified Copy} \end{array}	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Axe 33156, LLC name unavailable, enter alternate na	ume adopted for the purpose of transacting	business in Florida. The alternate	e name must include "Limited Liabili	ty Company," "L L C," or "LLC ")
Delaware Gunsdiction under the law of wh	nich foreign limited liability company is org	3	(FEI number	(f applicable)
	(Date first transacted business in Flo (See sections 605 0901 & 605 0905)	rida, if prior to registration)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	•	
6495 Sw 123rd Terrace	rincipal Office)	6. <u>—</u>	5 Sw 123rd Terrace (Mailing Addres	e)
(Street Address of F	тіпсіраї Опісет			51
Pinecrest, FL 33156		Pinc	ecrest, FL 33156	<u> </u>
			<u> </u>	
	···	····		
Name and street address	ss of Florida registered agent:	(P.O. Box <u>NOT</u> accep	ptable)	9 R M
Name:	Carlos Sluman			7: 24 STATE
Office Address:	6495 Sw 123rd Terrace		_	
	Pinecrest		33156	
	ıC	ity)	, Florida(Zip code)	
egistered agent's accep				

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Cynthia Natalia Sayed Manager Name: _____ Manager 6495 Sw 123rd Terrace Member Address: _____ Address: **■**Member Pinecrest, FL 33156 ☐ Authorized Authorized Person Person Other_____ Other___ Other Other Carlos Osccar Sluman ■ Manager Manager Name: Name: Address: ____ 6495 Sw 123rd Terrace ☐ Member **■**Member Address: Pinecrest, FL 33156 Authorized Authorized Person Person Other____ Other____ Other ___ Other Manager Name: _____ Manager Address: _____ Member Address: ____ Member Authorized Authorized Person Person Other____ Other____ Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Cynthia Natalia Sayed

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AXE & AXE, 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-EIGHTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXE & AXE, LLC"
WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 203292776

Date: 04-28-22