## F02000003456

| TRANSMITTAL LETTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| TO: Registration Section Division of Corporations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SUBJECT: (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:  7005238877                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (Name of Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Codes Division of Axion fesore Munagement INC. (Firm/Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5203 Leesburg Pike Suite 302                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Falls Church VA 72041  (City/State and Zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| For further information concerning this matter, please call:    Tosself   Ail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$875.75 Filing Fee & ☐ \$875.75 Filing Fee & ☐ Certificate of Status & ☐ Certifica |

Certified Copy

| APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUSINESS IN FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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.  1. Axiom Pessoure Management Tools, "Company", "Componation" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a                                                                                                                                                        |
| 1. Akiam Resource Management Inc.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or                                                                                                                                                                                                                                                                                                                                                                                   |
| natural person or partnership if not so contained in the name at present.)                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2. Virginia 3. 57-1878936 (State or country under the law of which it is incorporated) (FEI number, if applicable)                                                                                                                                                                                                                                                                                                                                                                                           |
| (State or country under the law of which it is incorporated) (FEI number, if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4. 1993 5. Perdetus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (Date of incorporation)  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. Confortion Will transet business in Florida vlan qualifications trans                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)                                                                                                                                                                                                                                                                                                                         |
| 7. 5203 Liesber P.Ke Ste 307                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7. 5203 Liesberg P. Ke Ste 307 (Principal office address)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Falls Church, VA ZZOVI (Current mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Current mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8. (Purpose(s) a) corporation authorized in home state or country to be carried out in state of Florida)                                                                                                                                                                                                                                                                                                                                                                                                     |
| (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 or Mail Drop Box NOT acceptable)                                                                                                                                                                                                                                                                                                                                                                                                           |
| Name: Walter Mitchell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Office Address: 1460 Brenner Park Dr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Venice, Florida 34292 (City) (Zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Venice Address: Venice , Florida 34242 (City) (Zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 10. Registered agent's acceptance:<br>Having been named as registered agent and to accept service of process for the above stated corporation at the place<br>designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I<br>further agree to comply with the provisions of all statutes relative to the proper and complete performance of my<br>duties, and I am familiar with and accept the obligations of my position as registered agent. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

(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 Chairman: DeNigMin Vice Chairman: Kevin Riley Address: Same Director: \_ **B. OFFICERS** President: Bedjamin Andkin Vice President: Keun Filey Address: Sane Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

## Commonwealth of Hirginia



## State Corporation Commission

I Certify the Following from the Records of the Commission:

AXIOM Resource Management, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is March 31, 1993.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: June 24, 2002

Joel H. Peck, Clerk of the Commission