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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 13 AM 10:14

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FOREIGN PROFIT/NONPROFIT CORPORATION

Axiom Global Inc.

Certificate of Status	0
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DIVISION OF CORPORATION

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1.84hrs JUN 16 2008

**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 Global 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. Delaware

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

3. 13-4099840

(FBI number, if applicable)

4. 09/21/1999

(Date of incorporation)

5. Perpetual

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

6.

Upon Filing

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

7. 75 Spring Street, New York, NY 10012

(Principal office address)

same

(Current mailing address)

8. Provider of legal services.

(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 South Pine Island Road

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.

C T Corporation System

By: Salvina Armenta-Garay

(Registered agent's signature)

SALVINA ARMENTA-GARAY

SPECIAL ASSISTANT SECRETARY

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:

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TALLAHASSEE, FLORIDA

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A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Harris

Address: 75 Spring Street

New York, NY 10012

Vice President: _____

Address: _____

Secretary: Alec Quetta

Address: 75 Spring Street, New York, NY 10012

Treasurer: Alec Quetta

Address: 75 Spring Street, New York, NY 10012

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

13. *Mark Harris*

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

14. Mark Harris, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1	Full Name:	Mark Harris
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	75 Spring Street
	City:	New York
	State:	NY
	ZIP Code:	10012
2	Full Name:	Alec Guenel
	Officer/Director:	Officer, Director
	Officer's Title:	Treasurer
	Director's Title:	Director
	Business Address:	75 Spring Street
	City:	New York
	State:	NY
	ZIP Code:	10012
3	Full Name:	Jeffrey Buckalew
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	75 Spring Street
	City:	New York
	State:	NY
	ZIP Code:	10012
4	Full Name:	Robert Kagle
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	75 Spring Street
	City:	New York
	State:	NY
	ZIP Code:	10012
5	Full Name:	Michael Jung

Officer/Director:

Director

Officer's Title:

Director's Title:

Director

Business Address:

75 Spring Street

City:

New York

State:

NY

ZIP Code:

10012

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXIOM GLOBAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JUNE, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3099569 8300

080683548

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6652177

DATE: 06-11-08