

F12000001496

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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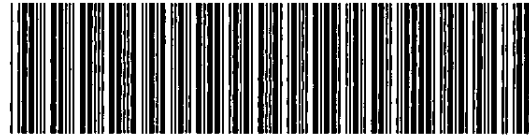
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
4/6/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PAXNET, INC.

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," or "Certificate of Good Standing" 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:

NICOLAS PLACIDE

Name of Person

PAXNET, INC.

Firm/Company

20401 NW 2ND AVE, SUITE 310

Address

Miami, FL 33179

City/State and Zip code

nplacide@gmail.com

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

For further information concerning this matter, please call:

Nicolas Placide

Name of Person

at (786) 277-7440

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2012

NICOLAS PLACIDE
PAXNET, INC.
20401 NW 2ND AVE, SUITE 310
MIAMI, FL 33179

SUBJECT: PAXNET, INC.
Ref. Number: W12000017561

We have received your document for PAXNET, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please list the complete address for the corporation in number seven.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 812A00010459

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

April 3, 2012

RUBY DUNLAP
Regulatory Specialist II
Florida Department of State
Division of Corporations

SUBJECT: Paxnet, Inc
Ref. Number: W12000017561

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attached please find:

- The corrected application for Paxnet, Inc which addresses the following deficiencies
 - a) the name listed in number one of the application is now identical to the name listed in the certificate of existence
 - b) the complete address of the corporation is now listed in number 7
- An original certificate of good standing of Paxnet, Inc duly authenticated by Max Maxfield Secretary of State of the State of Wyoming. Please note that the state of Wyoming issues electronic certificates which are considered original. An easy validation method is provided on the certificate itself.

Please return all correspondence regarding this matter to the following:

Nicolas Placide
Audiensys, Inc.
20401 NW 2nd Ave Suite 310
Miami, FL 33179

Should there be any questions, please feel free to call me at (786) 277-7440.

Nicolas Placide
CEO, Paxnet, Inc

**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. Paxnet, 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. WYOMING 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/06/2012 5. Perpetual
(Date of incorporation) (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. 20401 NW 2ND AVE, SUITE 310 Miami, Florida 33179
(Principal office address)

20401 NW 2ND AVE, SUITE 310 Miami, Florida 33179
(Current mailing address)

8. Any lawful activity for which corporations may be organized
(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: Nicolas Placide

Office Address: 20401 NW 2ND AVE, SUITE 310

Miami, Florida 33179
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.


(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:

FILED

A. DIRECTORS

Chairman: Nicolas Placide

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Address: 20401 NW 2ND AVE, SUITE 310
Miami, FL 33179

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: Ernesto Avila

Address: 20401 NW 2ND AVE, SUITE 310
Miami, FL 33179

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nicolas Placide

Address: 20401 NW 2ND AVE, SUITE 310
Miami, FL 33179

Vice President: Ernesto Avila

Address: 20401 NW 2ND AVE, SUITE 310
Miami, FL 33179

Secretary: Ernesto Avila

Address: _____

Treasurer: _____

Address: _____

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Nicolas Placide, President

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

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Paxnet, Inc
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **March 6, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000618155**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of March, 2012 at 8:37 AM. This certificate is assigned 011844224.




Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA