

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000247135 3)))



H150002471353ABC

To:

Division of Corporations

Fax Number : (850)617-6383

Please retain original filing

date of submission 10/15

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED

FOREIGN PROFIT/NONPROFIT CORPORATION

Axis Communications, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Attn: Karen Saly

15 001 15 PH 3:

Electronic Filing Menu

Corporate Filing Menu

10/15/2015

https://efile.sunbiz.org/scripts/efilcovr.exe



October 16, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: AXIS COMMUNICATIONS LLC

REF: W15000068785

RE-SUBMIT
Please retain original filing
date of submission 10/15

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L15000037662 "AXIS COMMUNICATIONS LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H15000247135 Letter Number: 815A00021940

RECEIVED

OCT 29 4M 8: 53

SRETAN OF STATE

LARSHEE FLOOR

P.O BOX 6327 - Tallahassee, Florida 32314

FL019 - 8/5/2015 Wolters Elower Online

COVER LETTER

	egistration S ivision of C	Section orporations			
SUBJEC	T: Axis Co	ommunications, Inc.			
		Name of	corporation	- must include suffix	
Dear Sir o	r Madam:				
"Certificat	e of Exister		f Good Stan	iding" and check are st	act Business in Florida," abmitted to register the
Please retu	rn all corre	spondence concernin	g this matter	to the following:	
Connor Sw	cency				
			Name of	Person	
Axis Comp	runications,	inc,		·· ·	
_	-		Firm/Com	pany	
300 Apollo	Dr,				
			Addre	SS	
Chelmsford	, MA 01824				
			City/State at	nd Zip code	
connor.swo	eney@axis.c				
		E-mail address:	to be used f	or future annual report	notification)
For furtber	informatio	o concerning this mat	ter, please c	all:	
Connor Swi	eney	aí	O78 Area Code	614-2076	
Na	me of Pers	on	Area Code	Daytime Telej	phone Number
Rep Div Cli 266	gistration So vision of Co fton Buildir	rporations og e Center Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7
Enclosed is	a check for	the following amou	nt;		
□ \$70.0 01	Filing Fee	Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & 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.

"Inc.," "Co.," "	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")			
Axis Com	nunications, Inc. of Massachusetts			
(If name unavai	lable in Florida, enter alternate corporate name ac	opted for the purpose of transacting	business in Florida)	
2. Massachusetts (State or country under the law of which it is incorporated) 3. 04-3017622 (FEI number, if applicable)				
		(FEI number, if applicable)		
8/2/1988	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
·				
	(Date first transacted business in I	lorida, if prior to registration)		
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liability	y)	
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824	2, F.S., to determine penalty liability)	
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824	lorida, if prior to registration) 2, F.S., to determine penalty liability office address)	·)	
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824 (Principal	2, F.S., to determine penalty liability office address))	
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824 (Principal	2, F.S., to determine penalty liability) <u> </u>	
300 Apolio Dr, ((Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824 (Principal	office address) address, if different)	9 SEC. ETT. SEC.	
300 Apolio Dr, ((Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824 (Principal (Current mailing	office address) address, if different)	15 001 15 SECULIALISSE	
300 Apolio Dr, ((Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824 (Principal (Current mailing et address of Fiorida registered agent: (P.O. C T Corporation System	office address) address, if different)	15 0CT 15	
. Name and stre	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824 (Principal (Current mailing	office address) address, if different)	SECULET BY OF S	
300 Apolio Dr. (Name and stre	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Chelmsford, MA 01824 (Principal (Current mailing et address of Fiorida registered agent: (P.O. C T Corporation System	office address) address, if different)	15 0CT 15	

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: Kimber Ly Steinmetz Vice Prosident & Assistant Secretary (Registered agent's signature)

10. 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.

8/2015 5:04:21 PM From: To: 8506176383(5/6)	
8/2015 5:04:21 PM From: To: 8506176383(5/6) 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Ray Michael Mauritsson	
11. Names and business addresses of officers and/or directors:	3
A. DIRECTORS	د ن
Chairman: Ray Michael Mauritsson	~.
Address: Emdalavägen 14, 223 69, Lund Sweden	
Vice Chairman: Bodil Sonesson	
Address: Emdalavägen 14, 223 69, Lund Swedon	
	_
Director:	
Address:	
Director:	
Address:	_
B. OFFICERS	
President: Predrik Sjostrand	
Address: Emdalavägen 14, 223 69, Lund, Sweden	
Vice President:	
Address: Emdalavägen 14, 223 69, Lund, Swoden	
Secretary:	
Address: 300 Apollo Dr, Chelmsford, MA 01824	
Treasurer:	
Address: 300 Apollo Dr, Cheimsford, MA 01824	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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 constitute	
a third degree felony as provided for in s.817.155, F.S. 13. Frdik Vilson	
13. FROIR /V/1770Y) (Typed or printed pame and capacity of person signing application)	



Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: October 14, 2015

007 15 PM

To Whom It May Concern:

I hereby certify that according to the records of this office,

AXIS COMMUNICATIONS, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

senino Galecin

Secretary of the Commonwealth

Certificate Number: 15105740810

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: nmc