F17000002559

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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THE CHILD

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AHIOM AD.	NSTING, Inc. ation - must include suffix	
	Name of corpor	ation - must include suffix	
Dear Sir or Madam:			
"Certificate of Exister	ation by Foreign Corporation ace," or "Certificate of Good ign corporation to transact be	Standing" and check are su	
Please return all corre	spondence concerning this m	natter to the following:	
DANIEL M	JCM 17-41-0N Nam		
	Nam	e of Person	
	AXIOM ADIVS	TING, INC	
15355 2nd	(St E. #2	Address	
Manora	BOENCH, FLORI	NA 33709	
1 MBOINT	City/St	ate and Zip code	
<u> </u>	150 @ LIVE. COM E-mail address: (to be u	ised for future annual report	notification)
For further information	n concerning this matter, ple	ease call:	
D. 7 100	Samuel Samuel	7 407 40	2
Name of Pers	son at (70 Area	$\frac{(Code)}{Code}$ Daytime Tele	nhone Number
rune of refe	7 Hou	Paymic reic	phone realises
Registration S Division of C Clifton Build	orporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, I	L 32301		
Enclosed is a check for	or 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

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.	Ation	1 ADUSTING,	Inc	"COMPANY," "CORPORATION,"			
	(Enter name of co	orporation; must include "INC orp," "Inc," "Co," or "Corp.")	ORPORATED,"	"COMPANY," "CORPORATION,"			
	ис., со., с	orp, inc, co, or corp.)					
	Axion	N NOJUETING	£ CONSU	してんに エル c dopted for the purpose of transacting busine			
	(If name unavaila	ble in Florida, enter alternate	corporate name a	dopted for the purpose of transacting busine	ess in Florida)		
2.	(State or country under the law of which it is incorporated) 3. 81. 1320919 (FEI number, if applicable)						
	(State or country	y under the law of which it is i	ncorporated)	(FEI number, if applicable			
4.	. Frb 2; 20 % 5. (Date of incorporation) (Date of duration, if other than perpetual)						
(Date of incorporation)			(Date of duration, if other than per	rpetual)			
6.		N/A		Florida, if prior to registration) 02. F.S., to determine penalty liability)			
٠.		(Date first trans	acted business in	Florida, if prior to registration)			
		(SEE SECTIONS 60	7.1501 & 607.150	02, F.S., to determine penalty liability)			
7.	775	STATE!	TE DE	colopado Springs. CU	80911		
7. 775 STARGETE DE COLOPADO SPRINGS. CU 89911 (Principal office address)							
	13355	2nd st. E. \$1	MADERA	BEACH, FL 33708	$\vec{\Box}$		
13355 2nd St. E. #2 MADERA BEACH, FL 33708 - (Current mailing address, if different)							
					$i_{i,j}^{J}$		
8.	Name and street	t address of Florida registe	red agent: (P.O	. Box NOT acceptable)	-103		
	Name:	Registered Agents Inc.			۳۰ مد سرم د ر		
_	00 × 1 1	2020 N. Books Boint Dr	OTE 150A				
O!	ffice Address:	3030 N. Rocky Point Dr.	31E 150A				
		Tampa	, 	, Florida 33607			
		(City)		(Zip code)			

9. 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 Agents Inc.
Bill Havre - 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.

A. DIRECTORS Manamon Address: Vice Chairman: ___ Address: Director: Same as above Some as about Director: **B. OFFICERS** MADERICA BEACH, FL 33708 Vice President: Savre a-3 Address: Secretary: __Same as Address: ___ Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 constitutes a third degree felony as provided for in s.817.155, F.S. 13. DANIEL MMAHON OWNER PRESIDENT

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

11. Names and business addresses of officers and/or directors:

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Axiom Adjusting, Inc.

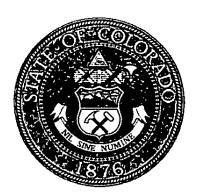
is a

Corporation

formed or registered on 02/02/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161086660.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/31/2017 that have been posted, and by documents delivered to this office electronically through 06/05/2017 @ 11:03:29.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/05/2017 @ 11:03:29 in accordance with applicable law. This certificate is assigned Confirmation Number 10276012



Norman Williams

Secretary of State of the State of Colorado

End of Certificate**************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate is confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"