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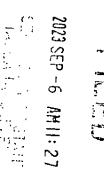
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

FO: Registration Section Division of Corporations				
SUBJECT: Axiom Architecture, PA				
National Nat	me of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreigr 'Certificate of Existence," or "Certification above referenced foreign corporation	cate of Good Stand	ing" and check are subm	Business in Florida," nitted to register the	
Please return all correspondence conc	eming this matter t	to the following:		
Colleen D. Garrett				
	Name of P	erson		
Axiom Architecture, PA				
	Firm/Comp	pany		
333 West Trade Street, Suite 200				
	Addres	55		
Charlotte, North Carolina 28202				
	City/State an	d Zip code		
cgarrett@axiomarchitecture.com				
E-mail add	iress: (to be used fo	or future annual report no	otification)	
For further information concerning th	is matter, please ca	all:		
Colleen D. Garrett	704 at (927-9900		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
<u>~</u>	A DEPARTMENT	OF STATE \$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.

Axiom Architecture, PA Corp

Axiom Architec			
	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ing business in Florida)
North Carolina	y under the law of which it is incorporated)	(FEI number, if a	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
August 15, 2007	, 5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	••
	(SEE SECTIONS 607.1501 & 607.1503	, F.S., to determine penalty liabi	lity)
33 West Trade S	Street, Suite 200; Charlotte, North Carolina 2820;		
33 West Trade S	Street, Suite 200; Charlotte, North Carolina 2820. (Principal office	street address)	
333 West Trade S	Street, Suite 200; Charlotte, North Carolina 2820. (Principal office	street address)	
33 West Trade S	(Principal office	street address) address, if different)	
333 West Trade S	(Principal office	street address)	
	(Principal office	street address) ddress, if different)	
Name and stree	(Principal office	street address) ddress, if different)	2023 Sc.
Name and stree	(Principal office (Current mailing set address of Florida registered agent: (P.O. InCorp Services, Inc.	street address) ddress, if different)	2023 SE
Name and stree	(Principal office (Current mailing set address of Florida registered agent: (P.O. InCorp Services, Inc. 3458 Lakeshore Drive	street address) iddress, if different) Box NOT acceptable)	2023 SEP -
Name and stree	(Principal office (Current mailing set address of Florida registered agent: (P.O. InCorp Services, Inc. 3458 Lakeshore Drive	street address) iddress, if different) Box NOT acceptable)	6 - 6 ·
Name and stree	(Principal office (Current mailing set address of Florida registered agent: (P.O. InCorp Services, Inc. 3458 Lakeshore Drive	street address) ddress, if different)	6 - 6 ·
Name and <u>stree</u> Name: fice Address:	(Principal office (Current mailing set address of Florida registered agent: (P.O. InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City)	street address) Iddress, if different) Box NOT acceptable) , Florida 32312	2-6 AHII:
Name and <u>stree</u> Name: fice Address: Registered ag	(Principal office (Current mailing set address of Florida registered agent: (P.O. InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City)	street address) Iddress, if different) Box NOT acceptable) , Florida 32312 (Zip code)	P-6 AMII: 2
Name and <u>stree</u> Name: ice Address: Registered ag ving been nam	(Principal office (Current mailing) et address of Florida registered agent: (P.O. InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: ed as registered agent and to accept service	street address) Iddress, if different) Box NOT acceptable) , Florida 32312 (Zip code) of process for the above state	ed corporation al the
Name and stree Name: fice Address: Registered againing been namesignated in this	(Principal office (Current mailing set address of Florida registered agent: (P.O. InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City)	street address) Iddress, if different) Box NOT acceptable) , Florida 32312 [Zip code) of process for the above statement as registered agent and ag	ed corporation at the ree to act in this cap

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 □Chairman	Colleen D. Garrett	□ Cha irman	Name:Steven P. Barton			
□Vice Chairman	Address: 333 West Trade Street	□Vice Chairman	Address: 333 West Trade Street			
□Director	Suite 200	□ Director	Suite 200			
■ President	Charlotte, North Carolina 28202	□President	Charlotte, North Carolina 28202			
□Vice President		■Vice President				
☐ Secretary	Treasurer	□ Secretary	Treasurer			
Other		□Other	Other			
□Chairman	Name: Matthew G Majors	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Suite 200	□Director				
□President	Charlotte, North Carolina 28202	□ President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
Other	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	Treasurer			
Other	Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 constitutes a third degree felony as provided for in						

Colleen D. Garrett, President

s.817.155, F.S.



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AXIOM ARCHITECTURE, PA

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of August, 2007, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina: that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of September, 2023.

Elaine & Marshall

Secretary of State