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COVER LETTER

-	stration Section sion of Corpora				
SUBJECT:	Axios Energy.	Inc.			
00202011		Name of corpora	tion - m	ust include suffix	
Dear Sir or M	fadam:				
"Certificate o	of Existence," of	y Foreign Corporation r "Certificate of Good! poration to transact bu	Standing	" and check are subm	
Please return	all corresponde	ence concerning this ma	itter to t	he following:	
Kimberly Dan	mody				
		Namo	of Pers	on	
Sapronov & A	ssociates, PC				
		Firm/9	Compan	у	
5555 Glenridg	e Connector, Sui	te 200			
		A	ddress		
Atlanta, GA 30	0342				
	, 	City/Sta	te and Z	ip code	
kdarmody@w:	stelecomlaw.com	1			
	Е	-mail address: (to be us	ed for fi	iture annual report no	tification)
For further in	formation conc	erning this matter, plea	se call:		
Kimberly Dari	mody	404 at () 2	108-4605	
Nam	ne of Person	Area	Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIE stration Section sion of Corpora Centre of Tallah N. Monroe Str hassee, FL 323	tions nassee cet, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	heck payable to:	ollowing amount: FLORIDA DEPARTMI \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & entified 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.

(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 712 South Ocean Shore Blvd., Flagler Beach, FL 32136 (Principal office street address)
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12 South Ocean Shore Blvd., Flagler Beach, FL 32136 (Principal office street address)
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12 South Ocean Shore Blvd., Flagler Beach, Fl. 32136 (Principal office street address)
700 . 11 11 10 TOC
(Current mailing address, if different)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Guy Stempack, Strempack Law
fice Address:
Fort Lauderdale , Florida 33312
(City) (Zip code)
Registered agent's acceptance:

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Todd Ryan Forrest Bassett ■Chairman □ Chairman 712 South Ocean Shore Blvd 712 South Ocean Shore Blvd. Address: Address: ☐ Vice Chairman ■ Vice Chairman Flagler Beach, FL 32136 Flagler Beach, FL 32136 Director Director President □ President ☐ Vice President ☐ Vice President ☐Treasurer Secretary □ Secretary **≅**Treasurer CEO __ 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 ____ Name: ____ □ Chairman Name: □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director ☐ President President □Vice President _____ □ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer ①Other _____ 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. 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. Forrest Bassett

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AXIOS ENERGY, 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 SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXIOS ENERGY, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JULY, A.D. 2024.

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

Authentication: 204098403

Date: 08-06-24