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L00000008738

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: AXIS INVESTIGATIONS LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization **ENCLOSED**  
\$ 25.00 Designation of Registered Agent **ENCLOSED**

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. **ENCLOSED**  
Please send one check for the total amount made payable to the Florida Department of State.

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-07/19/00--01114--001  
\*\*\*\*155.00 \*\*\*\*155.00

FROM: GRACE LEIBOLT  
Name (Printed or typed)

P.O. Box 16-1510  
Address

ALTAMONTE SPRINGS, FL 32716  
City, State & Zip

407-884-8333  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 19 AM 2:56

FILED

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AXIS INVESTIGATIONS LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

MAILING: P.O. BOX 16-1510 ALTAMONTE SPRINGS, FL 32716  
STREET: 816 PINE SHADOW DRIVE APOPKA, FL 32712

## ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

MAILING: P.O. BOX 16-1510 ALTAMONTE SPRINGS, FL 32716  
STREET: 816 PINE SHADOW DRIVE APOPKA, FL 32712

## ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.  
☒ The Limited Liability Company is to be managed by the members.

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TALLAHASSEE, FLORIDA

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Grace Leibolt

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GRACE LEIBOLT

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

Axis INVESTIGATIONS LLC

2. The name and the Florida street address of the registered agent are:

GRACE LEIBOLT

NAME

816 PINE SHADOW DRIVE

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Apopka, FL 32712

CITY, STATE AND ZIP

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Grace Leibolt

SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**

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00 JUL 19  
TALLAHASSEE