

## Florida Department of State

Division of Corporations

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(((H05000082832 3)))

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : HURCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

## LIMITED LIABILITY COMPANY

Axiom Information Solutions LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
05 APR -5 PM 7:53  
DIVISION OF CORPORATION

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STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Axiom Information Solutions LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

1919 Corner Meadow Circle

1919 Corner Meadow Circle

Orlando, FL 32820

Orlando, FL 32820

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

**James B. White**

Name

**1919 Corner Meadow Circle**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Orlando, FL 32820**

(City / State / 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 capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature - James B. White

ARTICLE IV - Manager(s) or Managing Member(s);

H05000082832

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

James B. White -1919 Corner Meadow Circle, Orlando, FL 32820

MGRM

Carlos R. Vasquez -12472 Lake Underhill Road, Orlando, FL 32828

(Use attachment if necessary)

REQUIRED SIGNATURE:

  
Signature of a member or authorized representative of a member.

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

James B. White

Typed or printed name of signee

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