

L05000078300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

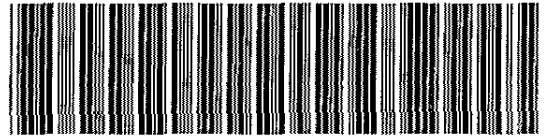
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FILED
05 AUG -9 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 AUG -9 PM 4:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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CONTACT: TRACY SPEAR

DATE: 08/09/05

REF. #: 000380.41113

CORP. NAME: AXIOM INTERNATIONAL GROUP, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 513696 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

1 COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
AXIOM INTERNATIONAL GROUP, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the limited liability company is Axiom International Group, LLC.

ARTICLE II. ADDRESS

The mailing address of the limited liability company is 1080 NW 163rd Drive, Miami, Florida 33169.

**ARTICLE III.
REGISTERED AGENT, OFFICE AND REGISTERED AGENT SIGNATURE**

The name and Florida street address of the limited liability company's registered agent are as follows:

Karen Salas-Morales, Esq.
Kirkpatrick & Lockhart Nicholson Graham, LLP
201 South Biscayne Blvd.
20th Floor
Miami, Florida 33131

Having been named as registered agent to accept service of process for the above-referenced 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 provide for in Chapter 608 of the Florida Statutes.




Registered Agent's Signature

**ARTICLE IV
MANAGER OR MANAGING MEMBERS**

The limited liability company shall be managed by Managers. The name and address of the initial Manager are as follows:

Jose Gregorio	1080 NW 163 rd Drive
	Miami, Florida 33169


Signature of a member of an authorized representative

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

Karen Salas-Morales
Typed or printed name of signee

Date: August 9, 2005

Filing fees:

\$125.00 Filing fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)