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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

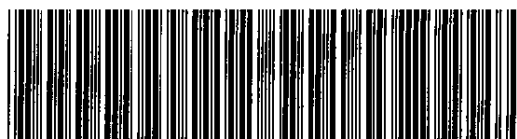
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



400184937064

09/09/10--010137-023 3*155.00

EFFECTIVE DATE

9/9/10

FILED
10 SEP -9 PM 4:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 20 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AXP, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anila Parackal

Name of Person

AXP, LLC

Firm/Company

1470 NW 144th AVE

Address

Pembroke Pines, FL 33028

City/State and Zip Code

vnilla3287@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anila Parackal

Name of Person

at (954)

447-3825

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2010

ANILA PARACKAL
1470 NW 144TH AVENUE
PEMBROKE PINES, FL 33028

SUBJECT: AXP, LLC
Ref. Number: W10000042662

We have received your document for AXP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE III.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 610A00021579

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Anila Parackal

1470 NW 144th AVE

Pembroke Pines, FL 33028

Mailing Address:

Anila Parackal

1470 NW 144th AVE

Pembroke Pines, FL 33028

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ROSILY PARACKAL
Name

1470 NW 144th AVE
Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL 33028
City, State, and Zip

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10 SEP -9 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Rosily Parackal
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Anila Parackal

1470 NW 144th AVE

Pembroke Pines, FL 33028

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/09/10 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an 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.)

Anila Parackal

Typed or printed name of signer

FILED
10 SEP -9 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)