

L12000040405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

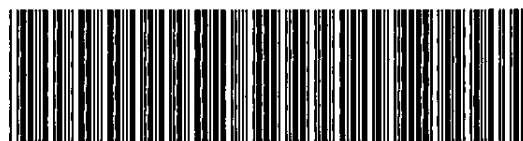
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EXAMINER



900220371149

02/06/12--01007--021 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -6 AM 8:58

EFFECTIVE DATE 2/2/2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2012

ANYTHONY L. MCBEAN
18115 N.W. 15TH COURT
PEMBROKE PINES, FL 33029

SUBJECT: AXIS FINANCIAL GROUP LLC
Ref. Number: W12000008294

EFFECTIVE DATE 2/2/2012

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DIVISION OF CORPORATIONS
12 FEB - 9 AM 8:58

We have received your document for AXIS FINANCIAL GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the NAME of the company's Registered Agent in Article III, and please have a member or authorized representative sign in Article V.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 512A00006263

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Axis Financial Group
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:

Anthony L McBean

Name of Person

EFFECTIVE DATE 2/2/2012

Firm/Company

18115 NW Ct

Address

Pembroke Pines, FL 33029

City/State and Zip Code

tonymcbean@mail.com

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

For further information concerning this matter, please call:

Anthony McBean

at (954 394 5930)

Name of Person

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Axis Financial Group 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:

18115 NW 15 CT

Pembroke Pines, FL 33029

Mailing Address:

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:

Anthony McBean
18115 NW 15th Ct

Name

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

Pembroke pines FL 33029

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 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 (REQUIRED)

(CONTINUED)

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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:

MGRM

Anthony McBean

18115 NW 15th Ct

Pembroke Pines Fl 33029

MGRM

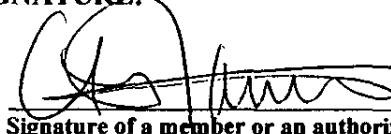
Bridgette Litchmore

18115 NW 15th Ct 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEB 2ND 2012. (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. I am aware that any 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.)

Anthony L. McBean

Typed or printed name of signee

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)