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| Special Instructions to | Filing Officer: | |
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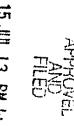




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SECRETARY OF STATE



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COVER LETTER

| | Registration So Division of Co | | | | |
|-------------|-----------------------------------|---------------------------------------------|-----------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------|
| SUBJEC | | essional Services LLC. | | | |
| 30200 | | Name of Lin | mited Liabilit | y Company | |
| The enclo | sed Articles of | Organization and fee(s) a | e submitted t | or filing. | |
| Please ret | urn all correspo | ondence concerning this m | atter to the fo | llowing: | |
| | Billy R. Car | ter | | | |
| | | | Name of I | Person | |
| | Axios Profe | ssional Services LLC. | | | |
| | | | Firm/Cor | npany | |
| | 198 Eventid | e Drive | | | |
| | <u> </u> | | Addre | ss | |
| | Fleming Isla | and FL 32003 | | | |
| | | | City/State and | Zip Code | |
| | billyrcarter@ | yahoo.com E-mail address: (to be use | A fam fattama a | | |
| | | | | muai report nouricau | on) |
| For further | information co | oncerning this matter, pleas | se call: | | |
| | Billy Carter | * | 004 | 859-5185 | |
| | Nan | | Area Code | Daytime Telephon | e Number |
| Enclosed | is a check for | the following amount: | | | |
| \$125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certifie | 0 Filing Fee & sed Copy of Copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | Q4 - 4 4 13 | |

Mailing Address

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

Street Address

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUL 13 PM 4: 33

| | Axios | Professional | Services | LLC |
|--|-------|--------------|----------|-----|
|--|-------|--------------|----------|-----|

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

ARTICLE II - Address:

| The maining address and street address of the principal office of the | E Limited Liability Company is: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Principal Office Address: | Mailing Address: |
| 198 Eventide Drive. Fleming Island FL 32003 | 198 Eventide Drive. Fleming Island FL 3200 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | d Agent. You must designate an individual or |

| Billy R. Carter | | |
|-----------------------|---------------------------|------------|
| | Name | |
| 198 Eventide Drive | | |
| Florida street addres | s (P.O. Box <u>NOT</u> ac | cceptable) |
| Fleming Island | FL | 32003 |
| 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



| Title: | Name and Address: SECRETARY OF G |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "AMBR" = Authorized Member | Name and Address: SECRETARY OF STALLAHASSEE FLO |
| "MGR" = Manager | |
| AMBR | Kim Carter 198 Eventide Drive |
| | Fleming Island FL 32003 |
| | Preming Island PL 52005 |
| AMBR | Maria Carter |
| | 198 Eventide Drive |
| | Fleming Island FL 32003 |
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| Effective date is listed, the date must be specifically. If the date inserted in this block does not | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis |
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