

L20000 204316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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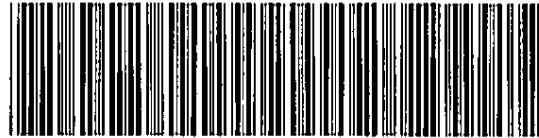
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXIOM 5 LLC

(Must contain 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:

440 Savoie DR
Palm Beach Gardens, FL 33410

Mailing Address:

440 Savoie DR
Palm Beach Gardens, FL 33410

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:

Deborah Lipoff

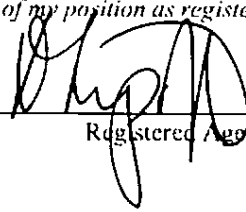
Name

440 Savoie DR

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

| | | |
|---------------------------|-----------|--------------|
| <u>Palm Beach Gardens</u> | <u>FL</u> | <u>33410</u> |
| 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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

See Attached

AMBR

See Attached

AMBR

Beth Glass

150 Bradley Place, #311

Palm Beach, FL 33480

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Deborah Lipoff as Trustee of the First Restatement of Deborah Lipoff 2005
Signature of a member or an authorized representative of a member. Declaration of Trust dated 3/28/2012
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Deborah Lipoff, as Trustee

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

AXIOM 5 LLC

Title:

AMBR/MGR

Name:

Deborah Lipoff, as Trustee of the First Restatement of
Deborah Lipoff 2005 Declaration of Trust dated
3/28/2012

440 Savoie Drive
Palm Beach Gardens, Florida 33410

AMBR

Alan Hambourger, as Trustee of the Andrew Lipoff
Irrevocable Trust dated 6/12/2007

4709 W. Golf Road, Suite 1015
Skokie, IL 60076

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