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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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RECEIVED 2:11

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 590244/ 8155761

AUTHORIZATION :

COST LIMIT : \$ 185.00

ORDER DATE: December 29, 2020

ORDER TIME : 11:36 AM

ORDER NO. : 590244-010

CUSTOMER NO: 8155761

DOMESTIC AMENDMENT FILING

NAME: AXIS GROUP, LLC

EFFECTIVE DATE: 01/01/2021

XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Axis Analytics, LLC	
(Name of Resulting Flori	da Limited Company)
The enclosed Articles of Conversion, Articles of Org Business Entity" into a "Florida Limited Liability Co	anization, and fees are submitted to convert an "Other impany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this mat	ter to:
Albert J Hughes	
(Contact Person)	
(Firm/Company)	
10 Bridlewood Drive	
(Address)	
New Hope, PA 18938	
(City, State and Zip Code) ajhughes@axisgroup.com	
E-mail Address: (to be used for future annual report notifica	tions)
For further information concerning this matter, please	e call:
Albert J Hughes at (908	3 \403-1500
	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All check dollars and drawn on a bank located in the United States	ecks processed by this office must be payable in US tes)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	D Filing Fees ied Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

2440 DEC 30 PH 5: 00

SECRETAL / OF STATE TALLAMASSEE, FL

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida
Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Axis Group, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
n August 14, 1996
August 14, 1996 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Axis Analytics, LLC
(Enter Name of Florida Limited Liability Company)
If not effective on the date of filing, enter the effective date:
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
The plan of conversion has been energical in accordance with all and it all and it

- The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLESOF ONGANEATION	
ARTICLE I - Name:	
The name of the Limited Liability Com	npany is:
Axis Analytics, LLC	
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1100 Abemathy Road	1100 Abernathy Road
Site 800	Suite 800
Atlanta, GA 30328	Atlanta, GA 30328

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:

Peter Reilly Name 95296 Spinnaker Dr Florida street address (P.O. Box NOT acceptable) Fernandina Beach City

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.

gnature (REQUIRED)

(CONTINUED)

A	RTI	CI	C	IV.
-				1 V -

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Albert J Hughes	
	10 Bridlewood Drive	
	New Hope, PA 18938	
MGR	Audrey A Hughes	
	10 Bridlewood Drive	
	New Hope, PA 18938	
MGR	W Scott Reedy	
	600 Woodstream Ct	
	Roswell, GA 30075	
MGR	Ranjan Sinha	SECRET
	19 Crescent Rd	
	Madison, NJ 07940	1
(Use attachment if necessary) ICLE V: Other provisions, if any.		OF STATE
REOUIRED SIGNATURE:	Att J Hy	
This document is executed in accordance	r an authorized representative of a mage with section 605.0203 (1) (b), Florida Statute cument to the Department of State constitutes a t	es. I am aware that

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)