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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 4/19/2021

NAME: AXIOS HOLDINGS LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Phile Hodge

COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

1	Division of Co	rporations				
êtin irzi	AXIOS EC	T LLC				
SUBJEC	1;	N	lame of Lir	nited Liabil	ty Company	
The enclo	sed Articles of	Organization at	nd fee(s) ar	e submitted	for filing.	
Please ret	urn all corresp	ondence concerr	ning this ma	atter to the f	ollowing:	
	Anthony V.	Raftopol				
				Name of	Person	
	Ternir Grou	p				
				Firm/Co	npany	
	10221 Lund	y Court, Orland	o, Florida,	32836		
			-	Addro	ess	-
	Orlando, Flo	orida, 32836				
	araftopol@ter	nirgroup.com	С	ity/State and	1 Zip Code	
			to be used	for future a	nnual report notificati	on)
For further i	information co	ncerning this ma	itter, pleasc	eall:		
	Anthony V. I	Raftopol	+] at (I	4073537969	
		e of Person		rea Code	Daytime Telephon	e Number
Enclosed i	s a check for t	he following am	ount:			
		_	ing Fcc &	Certific	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	g Address iling Section on of Corporatio ox 6327	ns		Street Address New Filing Section Di The Centre of Tallaha (415 N. Monroe Stree	ssec

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	ΕI	-	Name:	
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The name of the Limited Liability Company is:

AXIOS EQT 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:

Mailing Address:

10221 Lundy Court, Orlando, Florida, 32836 10221 Lundy Court, Orlando, Florida, 32836

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:

Paracorp Incorp	porated	
	Name	
155 Office Plaza	Drive, 1st Floor	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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..

See Attached Consent

Registered Agent's Signature (REOUIRED)

(CONTINUED)

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	
MGR_	Anthony V. Raftopol
	10221 Lundy Court, Orlando, Florida, 32836
MGR	Benedikt E. Förtig
	10245 Berlin, Roherstr. 24
AMDD	David Phart Provide
AMBR	Benedikt E. Förtig 10245 Berlin, Roherstr. 24
(Use attachment if necessary)	
RTICLE V. Effective date if other than the	e date of filing:
If an effective date is listed, the date must be	be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	re specific and cannot be more than tive business days prior to or 30 days after
Note: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Departi	nent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
A	a member or an authorized representative of a member.
Signature of	a member or an authorized representative of a member
This document is ex	xecuted 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 d	egree felony as provided for in s.817.155, F.S.
Anthony V.	Raftopol
<u> </u>	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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 04/19/2021

ENTITY NAME: AXIOS EQT LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated