# L21000180086

(Requestor's Name)	-
(Address)	
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(Business Entity Name)	
(Document Number)	<del></del>
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# FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/19/2021

NAME: AXIOS ASSET, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ahhie Hodge

## COVER LETTER

	ew Filing Sectivision of Co.					
erib in or		Capital Adviso	-			
SUBJECT	:	Nam	e of Lin	nited Liabi	lity Company	<del></del>
The enclos	ed Articles of	Organization and f	ee(s) are	submitte	d for filing.	
Please retu	rn all correspo	ondence concerning	this ma	tter to the	following:	
	Anthony V.	Raftpol				
				Name o	f Person	
	Ternir Grou	р				
				Firm/C	ompany	
	10221 Lund	y Court, Orlando, F	lorida, (	32836		
				Add	ress	<del> </del>
	Orlando, Flo	orida, 32836				
;	araftopol@ter	nirgroup.com	C	ity/State a	nd Zip Code	
-		<u>-</u>	be used	for future	annual report notificati	on)
For further in	nformation co	ncerning this matte	r, please	call:		
	Anthony V. 1	Raftopol	+1 at (		4073537969	
	Nam	e of Person	_ `—	rea Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amour	ıt:			
■\$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta		Certif	i5.00 Filing Fee & ied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division	ng Address iling Section on of Corporations ox 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee

Tallahassee, FL 32314

Tallahassee, FL 32303



# FLORIDA DEPARTMENT OF STATE Division of Corporations



April 20, 2021

FLORIDA FILING

SUBJECT: AIOXS ASSET, LLC Ref. Number: W21000053465

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

DXIOS

The Registered Agents name must be consistent.

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) 245-6052.

Please Keep original fle date Thank you!

Neysa Culligan Regulatory Specialist III

Letter Number: 721A00008096

www.sunbiz.org

DO DOV 2007 TO 11 1 TO 11 0001

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SCALTRO Capi	tal Advisory LLC		
(Must	contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
CLE II - Address: mailing address and str	eet address of the principal office of	the Limited Liability Company is:	
<u>Pri</u>	ncipal Office Address:	Mailing Address:	
10221 Lunder C	ourt, Orlando, Florida, 32836	10221 Lundy Court, Orlando, Florida, 32836	
10221 Lundy Co	ourt, Oriando, Fiorida, 52650		
CLE III - Registered	Agent, Registered Office, & Regi		
CLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Regional Register Register as its own Register	istered Agent's Signature: ered Agent. You must designate an individual or are:	
CLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Registered cannot serve as its own Register an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or are:	
CLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Registered agent an active Florida registration.) reet address of the registered agent	istered Agent's Signature: ered Agent. You must designate an individual or are:	
CLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Registered agent (an active Florida registration.)  reet address of the registered agent (Paracorp Incorporated Name	istered Agent's Signature: ered Agent. You must designate an individual or are: e, 1st Floor	
CLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Register an active Florida registered agent a paracorp Incorporated Name 155 Office Plaza Driv Florida street address (P.O.	istered Agent's Signature: ered Agent. You must designate an individual or are:	

See Attached Consent Registered Agent's Signature (REQUIRED)

(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
MOR	10221 Lundy Court, Orlando, Florida, 32836
	TOTAL Buria, County Change, Frontag, 52050
MGR	Benedikt E. Förtig 10245 Berlin, Roherstr. 24
	10243 Definit, Ronelsti. 24
	10245 Berlin, Roherstr. 24
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te of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be list to of State's records.
REQUIRED SIGNATURE:	
	Inthone Da Hanal
	nthony Raftopol
Signature of a m	nthony Raftopol member of an authorized representative of a member.
This document is execu	ated in accordance with section 605.0203 (1) (b), Florida Statutes.
This document is execu I am aware that any fals	nthony Raftopol  member of an authorized representative of a member.  meted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
This document is execu I am aware that any fals constitutes a third degree	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
This document is execu I am aware that any fals	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.

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: SCALTRO Capital Advisory 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