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	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



S. CHATHAM

OCT - 5 2022

DIVISION OF CORPORATIONS 22 OCT -4 PH 3: 38



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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: AXIOM ACQUISITION VENTURES XVII, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jae Heinberg

Name of Person

The Axiom Group

Firm/Company

12425 Race Track Road, Suite 100

Address

Tampa, Florida 33626

City/State and Zip Code

jach@theaxiomgrp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jae Heinberg	813	440-6129
Name of Person	at () Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

Certificate of Status & closed) Certified Copy (additional copy is enclosed)
2 le

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 10/04/2022

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Acc#I20160000072

Name:	AXIOM ACQUISITION VENTURES XVII, LLC
Document #:	
Order #:	14569509

Certified Copy of Arts & Amend:	
Plain Copy:	
Certificate of Good Standing:	
Certified Copy of	
Apostille/Notarial	Country of Destination:
Certification:	Number of Certs:

Filing: 🗸	Certified:	
	Plain: 🖌	
	COGS:	

Availability	
Document	Amount: \$ 125.00
Examiner	
Updater	
Verifier	
W.P. Verifier	
Ref#	
	Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXIOM ACQUISITION VENTURES XVII, LLC

(Must conatin 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:
12425 Race Track Road	12425 Race Track Road
Suite 100	Suite 100
Tampa, Florida 33626	Tampa, Florida 33626

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.)			100 22	NAISION NAISION	
The name and the Florida street ac	ldress of the registered	f agent are:		-1- -	
	Jae Heinberg			.	Si≺L Ci∞L
Name			- E	220	
12425 Race Track Road, Suite 100			وي وي	SIAT RAR	
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	8	TICNS
	Tampa	FL	33626		
	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.,

- Docusioned by: Jac Heinberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	<u>Name and Address:</u>	
MGR	AXIOM ACQUISITION VENTURES, LLC 12425 Race Track Road, Suite 100 Tampa, Florida 33626	
	ين معــــــــــــــــــــــــــــــــــــ	_, ,

(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 S	SIGNATURE:
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-OocuSigned by:

Jae Heinberg

Signature of a member or an authorized representative of a member. 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.

Jae Heinberg

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)