

102000003029

TRANSMITTAL LETTER

11/14 FOR LC (5)
TO: Registration Section
Division of Corporations

SUBJECT: AXIOM INTERMEDIARIES LLC
(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00534-02827-00076-00071

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

MJH

Please return all correspondence concerning this matter to the following:

JOANNE SPOON
(Name of Person)
AXIOM INTERMEDIARIES
(Firm/Company)
940 GOLF HOUSE ROAD WEST
(Address)
STONEY CREEK, NC 27377
(City/State and Zip code)

500008153865--9
-10/02/02--01038--003
*****70.00 *****70.00

For further information concerning this matter, please call:

JOANNE SPOON at 336-446-4222
(Name of Person) (Area Code & Daytime Telephone Number)

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11/15/02--01016--015 **55.00

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
02 NOV 14 AM 9:48
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 3, 2002

JOANNE SPOON
AXIOM INTERMEDIARIES LLC
940 GOLF HOUSE ROAD WEST
STONEY CREEK, NC 27377

SUBJECT: AXIOM INTERMEDIARIES LLC
Ref. Number: W02000028625

We have received your document for AXIOM INTERMEDIARIES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached forms to qualify this Limited Liability Company to transact business in Florida. The forms submitted are for a Corporation.,

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$55.00.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 302A00055652

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. AXIOM INTERMEDIARIES LLC
(Name of foreign limited liability company)
2. NORTH CAROLINA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 56-2209987
(FEI number, if applicable)
4. 9/1/2000
(Date of Organization)
5. _____
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 8-1-2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 940 GOLF HOUSE ROAD WEST, SIDNEY CREEK, NC 27377
SAME
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

HORACE M. JOHNSON, JR.
809 KIMBERLY COURT
BURLINGTON, NC 27215

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

REINSURANCE INTERMEDIARIES


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

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HORACE M. JOHNSON, JR.

Typed or printed name of signee

FILED
02 NOV 14 AM 9:48
TALLAHASSEE
FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

AXIOM INTERMEDIARIES LLC

2. The name and the Florida street address of the registered agent and office are:

MARK REX

(Name)

300 FIRST AVENUE SOUTH, STE 406

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

ST. PETERSBURG

FL

33701

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 608, F.S..

X Mark R. Rex
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



North Carolina

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

AXIOM INTERMEDIARIES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 16th day of August, 2000, with its period of duration ending Perpetual.

I **FURTHER** certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 10th day of September, 2002.

Elaine F. Marshall

Secretary of State