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

TO: Registration Section Division of Corporations				
SUBJECT: The Axion Mortgage Group, LLC. (Name of Limited Liability Company)				
(Name of Li	inted Liability Company)			
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.			
Please return all correspondence concerning this	matter to the following:			
Brion P. Gregore				
(N	ame of Person)			
The Axion Mortgage Group, LLC				
(F	irm/Company)			
2400 Veterans Blvd. Ste 205				
	(Address)			
Kenner, LA 70065	—			
(City/S	State and Zip Code)			
(City/State and Zip Code) For further information concerning this matter, please call:				
	lease call: $\frac{1}{\omega}$			
Brion P. Gregore	at (504) 464-5500			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
409 E. Gaines Street	P.O. Box 6327			
Tallahassee, Florida 32399	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☐ \$125.00 Filing Fee				

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	The Axion Mortgage Group, LLC
- •	(Name of Foreign Limited Liability Company)
	Mississippi 3
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	07/15/2004 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Never
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	18300 Hwy 49, Saucier MS, 39574
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here 🗸
۵	The name and usual business addresses of the managing members or managers are as follows:
٠.	
	Brion P. Gregore - 2400 Veterans Blvd, Ste 205, Kenner, LA 70065
	04 057
16	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language a
	rislation of the certificate under oath of the translator must be submitted.)
13	Nature of business or purposes to be conducted or promoted in Florida: Mortgage broker business
	Brown Sham
	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.)
	DRION P. GRESONE
	Typed or printed name of signee

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:	
The Axion Mortgage Group, LLC	
2. The name and the Florida street address of the registered agent and	office are:
Stephen Colson (Name)	
151 Regions WAY Ste Florida Street Address (P.O. Box NOT ACCEPTAB	IC ILE)
DESTIM FL, 325 City/State/Zip	-4/
Having been named as registered agent and to accept service of process liability company at the place designated in this certificate, I hereby acce agent and agree to act in this capacity. I further agree to comply with the relating to the proper and complete performance of my duties, and I am fobligations of my position as registered agent as provided for in Chapter	pt the appointment as registered e provisions of all statutes familiar with and accept the
(Signature)	04 0CT 18
	3 1
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Register	on
\$ 30.00 Certified Copy (optiona	n ω
\$ 5.00 Certificate of Status (op	•

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Missisppi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

THE AXION MORTGAGE GROUP LLC

Formed July 15, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

289 GULFWATER DR BILOXI MS 39531

and that the registered agent at that address is:

MATHEWS, CONDIE

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SE PROPERTY OF MISSES

Given under my hand and seal of office October 4, 2004

Tic Clark

ERIC CLARK
Secretary of State

Certification Number: 6685317-1 Page 1 of 1 Reference: Brian Gregory (vs) Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify