MIGDOC	188800
(Requestor's Name)	
(Address) (Address)	600283912526
(City/State/Zip/Phone #)	03/30/1601008020 **125.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SECNED APR -7 M SECNED AFRICATION STLLAND SSEE, FI

Office Use Only

410/1605

MH 9∹ 24



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2016

SHERRY JONES 4773 PLAYSCHOOL DR. JACKSONVILLE, FL 32210

SUBJECT: AXIS QUALITY HOMES, LLC Ref. Number: W16000023780

We have received your document for AXIS QUALITY HOMES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 916A00006563

4/5- Synedt Mailed Shenry Jues



www.sunbiz.org

Division of Cornorations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

AXIS QUALITY HOMES, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Sherry Jones

Name of Person	
Firm/Company	
4773 Playschool Dr.	IC A
Address	APR -
Jacksonville FL 32210	
City/State and Zip Code	
aj3524@yahoo.com	9 2,
E-mail address: (to be used for future annual report notifica	ation)

For further information concerning this matter, please call:

Sherry Jones		904 at ()	446-9709		
Name of Contact Person		Area Code	Daytime Telephone Number		
MAILING ADDRESS		STI	REET ADDRESS:		
Division of Corporation	S	Div	ision of Corporations		
Registration Section		Registration Section			
P.O. Box 6327			Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle			
• •		Tallahassee, FL 32301			
Enclosed is a check for the follow	ving amount:				
🖿 \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	e & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

1.4

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AXIS QUALITY HOMES, LLC

		le "Limited Llability Company." "L.L.C.," or "	,		-7
Liability Company," "L.L.C		sacting business in Florida. The alternate nam	e must inclu	.ide "Lir	nited
2, Nevada					
(Jurisdiction under the law company is organized)	vof which foreign limited liability	(FEI number, if applicable)			-
1			_		
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to delemine genilty liability)			
4773 Playschool Dr.					
Jacksonville FL 3221					
·····	(Street Address of Principal	Office)			
•			E SE	C	
			L OR	A	
····	(Mailing Address)		H.S.	APR -	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		-1	;-;-
Name:	Business Filings Incorporated			E	
Office Address:	1200 S Pine Island Rd			ي 2	
	Plantation	. Florida 33324		<u></u>	
	(City)	(Zip code)			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Sherry Jones Mgr 4773 Playschool Dr. Jacksonville FL 32210

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an juthorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 1 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.

Sherry Jones, Mgr

Typed or printed name of signee



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AXIS QUALITY HOMES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 19, 2016, and is in good standing in this state.



Electronic Certificate Certificate Number: C20160321-2471 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 21, 2016.

1

2

have K. Cegevste

BARBARA K. CEGAVSKE Secretary of State