# MICOCOSCOSI

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#### **COVER LETTER**

TO:	Registration Section Division of Corporation	ns				
CUBIT	C.T.	VITAL AXIOM	LLC			
SUBJE	cci:		Limited Liability Company		-	
		reign Limited Liability Comped to register the above refer				
Please	return all correspondence	concerning this matter to the	following:			
		DEBBIE J	TORGENSON			
		N	ame of Person		-	
VITAL AXIOM LLC						
Firm/Company						
1520 SOUTH COLLEGE AVENUE				AUGNUE	( 至名	
Address					6 - Can	
FORT COLLINS, COLORADO 80524  City/State and Zip Code  dj@vitalaxiom.com					16 JUL 12 PH 3: 06	
City/State and Zip Code					- 12 PH 3	
	dj@ vitalaxiom.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerni	ng this matter, please call:				
	DEBOIE JORG	ENSON	at ( 970 ) 266 Area Code Day	6-5153		
	Name	of Contact Person	Area Code Day	rtime Telephone Number	-	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount:  \$\frac{1}{2}\\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, C of Status & Certified Co		

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

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: Vital Axiom LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 3 45-5388287 Illinois (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 6/01/2016 (Payroll) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1520 South College Avenue Fort Collins, CO 80524 (Street Address of Principal Office) same as above (Mailing Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name: 13302 Winding Oak Court, Suite A Office Address: Tampa , Florida 33612 (Zip code) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Kabir Mehta CEO 1520 South College Avenue Fort Collins, CO 80524 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 satisficate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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.

Signature of an authorized person

Kabir R Mehta

Typed or printed name of signce

#### File Number

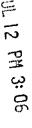
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## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VITAL AXIOM LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 30, 2012 APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND

day of

JUNE

A.D.

2016 .

Authentication #: 1615402136 verifiable until 06/02/2017
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

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