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SECRETARY OF STALE

N CULLIGAN AUG - 9 2018

COVER LETTER"*

TO:,

Registration Section Division of Corporations

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:					
Clyde W. Eberhardt III Name of Person					
Axiom Advantage, LLC Francompany					
1000 Peachtree Ind. Blud. Suite 6-344					
SUWANPP, GA 30024 City/State and Zip Code					
bud@ axiomadvovtage. Net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Clyde W. Eberkardt at (678) 325 9745 Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclosed is a check for the following amount: \$\Begin{array} c c c c c c c c c c c c c c c c c c c					

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

IN COMPLIANCE WITH SEC	TION 605.0902, FLORIDA STATUTES, THE F	OLLOWING IS SUBMITTED TO RE	EGISTER A FOREIGN TIMIT	TD HABILITY
COMPANYTOTRANSACTBU	SINESS IN THE STATE OF FLORIDA:	C		
1. (Name of Foreign	Limited Lizbility Company; must include "Limite	ed Liability Company, "T.L.C.," or "I	rrc)	
				 -
(If name unavailable, emer alternate n	ame adopted for the purpose of transacting business in Flo	<i>r</i> ,	ited Liability Company," "L.L.C," or	"U.C.")
(Jurisdiction under the law of wh	buch fereign limited limbility company is organized)	3. <u>26-427</u>	El munber, il applicable)	
4				•
, 0 11	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) time penalty liability)		1 /
5. 1000 Peacht (Suren Address of F	rincipal Office)	6. 1000 100ch	ng Address)	<u>lv</u> d.
<u> </u>	6-344	<u> </u>	te 6-344	<u>ಲ್</u>
SULVANCE	°, 6A 30024	Suwavee	o, GA TIME	<u>₹</u> –n
7. Name and street addres	s of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)	HA:	= =
Name:	Rory Adams, Alams, Ala	ins Okar Htg In	SSE SSE	ώ I
Office Address:	7130 205 #1 14	4. 0. 0	. F.C.	로 []
	BRADENTON. F	L Florida 34	(2) / SET	œ)
Registered agent's accept	(City)	, Pioriua <u> </u>	Zip code)	ັພ
Having been named as re-	gistered agent and to accept service of j	process for the above stated lin	nited liability company at	the place
designated in this applicate to comply with the provision	tion, I hereby accept the appointment a ons of all statutes relative to the proper	is registered agent and agree to and complete performance of	o act in this capacity. If it is find the fam fam	irther agree üliar with
	s of my position as registered agent.		·	
	(Registered agent's	signature)		
S. The name title or cana	city and address of the person(s) who ha	•		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Addre	<u>ss:</u>
		Member	Clyde w.	Eberhardt.
		- -	1000 Deac	6-344 6-344
			SUWANPP,	GA 30024
		<u> </u>		
(Use attachments if necess		-		
	•	doto and antique decoder and		
jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, of which it is organized. (If the certificate obmitted)	duly authenticated by the offici e is in a foreign language, a trai	al having custody of recornslation of the certificate i	ds in the under oath
10. This document is execu	ated in accordance with section 605,0203	5 (1) (b), Florida Statutes. I am	aware that any false inform	nation
submitted in a document to	the Department of State constitutes a thi	ird degree felony as provided fo	or in s.817.155, F.S.	
	Wyle W. Coce Signature	of an authorized person		
	, ,		•	

Control Number: 09009561

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 16036961 Date Inc/Auth/Filed: 02/09/2009 Jurisdiction : Georgia Print Date : 07/23/2018

Form Number : 211



Brian P. Kemp Secretary of State