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## COVER LETTER

TO:

Registration Section
Division of Corporations

outo incor.	Axis GeoAviation I.	I.C						
SUBJECT:		Name of I	limited Liability C	ompany		<del></del>		
The enclosed Existence, ar	I "Application by For ad check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat need foreign limit	ion to Tran ed liability	sact Business in Flori company to transact b	da," Cer ousiness	tificate in Flor	: of ida.
Please return	all correspondence c	oncerning this matter to the	following:					
	Erica Insley							
		Ni	ime of Person					
	Axis GeoAviati	on LLC						
		Fi	rm/Company					
•	28640 Marys C	ı, STE 200						
•			Address			<del></del>		
	Easton, MD 21	601						
		City/S	tate and Zip Code				<b>N</b> 3	
	einsley@axisgeo	spatial.com				ALC ALC	2018 OCT	array.
		E-mail address: (to be used	d for future annual	report noti	fication)		CT	Calmanning)
For further i	nformation concerning	g this matter, please call:				1555 1555 1555 1555 1555 1555 1555 155	<u> </u>	
Eri	ica Insley		410 at (	822-349	7		<b>≅</b> <b>=</b>	
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Numb		<del>∵</del> ω	
Div Rep P.C	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 dlahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec		<u> </u>	Ė	
	a check for the follow \$125.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fe of Status & Certified		îcate	

## \*\* ARPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liability Company," "L.I. C," or "LLC,")
2 Maryland		3. 46-1218371
	hich foreign limited hability company is organized)	(FEI number, if applicable)
4. N/A		
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration
z 28640 Marys Ct	(See Sections 603.0904 & 603.0903, 1.3. to determ	6. 28640 Marys Ct
5. 28040 Marys Ct (Street Address of	Principal Office)	(Mailing Address)
Suite 200		Suite 200
Easton, MD 21601		Easton, MD 21601
Name:	ss of Florida registered agent: (P.O. Box Kinsey Vincent Pyle Attorneys at Law 150 S. Palmetto Ave, Suite 300	
Office Address:	130 S. Palmetto Ave, Stille 300	
	Daytona Beach (City)	, Florida 32114 (Zip code)
Having been named as r	egistered agent and to accept service of p	process for the above stated limited liability company at the place
to comply with the provis and accept the obligation		s registered agent and agree to act in this capacity. If fully and complete performance of my duties, and lain familiar with signature)
to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	clons of all statutes relative to the proper is of my position as registered agent.  (Registered agent's racity and address of the person(s) who has a Name and Address:  Justin T Lahman  28640 Marys Ct  Faston MD 21601	s registered agent and agree to act in this capacity. If further age and complete performance of my duties, and lain familiar with signature)  signature)  as/have authority to manage is/are:
8. The name, title or cap Title or Capacity: Mgr  (Use attachments if nece 9. Attached is a certificate	cons of all statutes relative to the proper is of my position as registered agent.  (Registered agent's racity and address of the person(s) who has a Name and Address:  Justin T Lahman  28640 Marys Ct  Faston MD 21601  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat	s registered agent and agree to act in this capacity. If further age and complete performance of my duties, and lain familiar with signature)  signature)  as/have authority to manage is/are:

Typed or printed name of signee

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AXIS GEOAVIATION, L.L.C. (W14908909), REGISTERED OCTOBER 18, 2012, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 26, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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