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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

2019 AUG 28 PM 12:15

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

19 AUG 28 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
AXIS KC LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

PLEASE FILE SECOND, AFTER THE NAME-CHANGE OF AXIS KC LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axis KC LLC
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:

Name of Person
Capitol Services - Corporate Filings Team
Firm/Company

515 East Park Avenue 2nd Fl
Address
Tallahassee, FL 32301
City/State and Zip Code

Gbochis@Ausdev.net
E-mail address: (to be used for future annual report notifications)

IMPORTANT:
The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!

For further information concerning this matter, please call:

Name of Contact Person at (855) 498 - 5500
Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Axis KC LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, similar alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2809732
(FEI number, if applicable)

4. 8/28/19
(Date first transacted business in Florida; if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 215 Anastasia Blvd
(Street Address of Principal Office)

6. 215 Anastasia Blvd
(Mailing Address)

St. Augustine FL 32080

St. Augustine FL 32080

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(City) (Zip code)

2019 AUG 28 PM 12:16

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 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.

Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers of persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

Manager Name: George Buchio

Member Address: P.O. Box 3441

Authorized St. Augustine FL

Person 32359

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Boyan Greiner

Member Address: 912 Ocean Palm Way

Authorized St. Augustine FL

Person 32080

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

JDJ

 Signature of an authorized person

George J. Buchio

 Typed or printed name of signer

2019 AUG 28 PM 12:16

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXIS KC LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXIS KC LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7579855 8300

SR# 20196765560

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203491752

Date: 08-28-19