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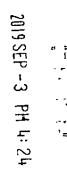
(Requestor's Name)
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COVER LETTER

TO: Registration Section

Divisi	on of Corporatio	ns					
S SUBJECT:	FL AXIS 7, LLC						
3000101.		Name of	Limited Liability (Company		_	
		reign Limited Liability Comped to register the above refer					
Please return al	l correspondence	concerning this matter to the	following:				
	Jennifer Salina	S					
		N	ame of Person			-	
	The Denney L	aw Group					
		F	irm/Company			_	
	8350 N. Centra	al Expressway, Suite 1050					
	_		Address			_	
	Dallas, Texas	75206					
		City/S	tate and Zip Code			-	
	jennifer@denne	ylaw.com					
		E-mail address: (to be use	d for future annual	report not	tification)	201	
For further info	rmation concerning	ng this matter, please call:			٠	2019 SEP	**************************************
David	Denney		214 at (739-29	00 x 102	ည်	* 7
-	Name	of Contact Person	Area Code	Day	rtime Telephone Number	PH	2-3 - 3 - 112
Divisio Regist P.O. B	and Address on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding coutive Center Circle see, FL 32301	PH 4: 24	7 7 19
	neck for the follow 5.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee. Cof Status & Certified Co		

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

IN COMPLIANCE WITH SECTION 605.0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 8285 W. Sunrise Blvd., Ste. 8267 (Street Address of Principal Office) Plantation, Florida 33322 Plantation, Florida 33322 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: CT Corporation System 1200 South Pine Island Road	niber, if applicable		
(FEI ram January 1, 2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 8285 W. Sunrise Blvd., Ste. 8267 (Street Address of Principal Office) Plantation, Florida 33322 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: CT Corporation System 1200 South Pine Island Road		e}	- -
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 8285 W. Sunrise Blvd., Ste. 8267 (Street Address of Principal Office) Plantation, Florida 33322 6. 26875 US Hwy 380 iMailing Ad Suite 108 Aubrey, Texas 76227 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: CT Corporation System 1200 South Pine Island Road	kkress)		 -
5. 8285 W. Sunrise Blvd., Ste. 8267 (Street Address of Principal Office) Plantation, Florida 33322 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	kkress)		 -
5. 8285 W. Sunrise Blvd., Ste. 8267 (Street Address of Principal Office) Plantation, Florida 33322 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	kkress)		- -
Plantation, Florida 33322 Suite 108 Aubrey, Texas 76227 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	klress)		
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7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road			_
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Critice Fiduress:			
DI :			
Plantation , Florida 33324 (City) (City)			
By: Canada Grahus	·	<u>m</u>	- 8
(Registered agent's signature)	4.	င်္မ	uan
3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity:		P	. 4 <u>5.</u> j
THIS VI CADACILY. STRING AND PROS. THE OF Connective	Name ar	<u>id Address</u>	
Manager SFL AXIS HOLDINGS, LLC		<u></u> -	
Manager SFL AXIS HOLDINGS, LLC 26875 US Hwy 380, Ste 108 Aubrey, Texas 76227			
Manager SFL AXIS HOLDINGS, LLC 26875 US Hwy 380, Ste 108 Aubrey, Texas 76227			
Manager			Ste 101
Manager SFL AXIS HOLDINGS, LLC 26875 US Hwy 380, Ste 108 Aubrey, Texas 76227 Manager of SFL AXIS HOLDINGS, LLC Vincent Mai SFL AXIS HOLDINGS, LLC	26875 U	ua JS Hwy 380 Texas 7622	Ste 101

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SFL AXIS 7, LLC (file number 803379935), a Domestic Limited Liability Company (LLC), was filed in this office on July 29, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 28, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

TID: 10264

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 910067170002