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PICK-UP	☐ WAIT	MAIL		
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Office Use Only



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3ORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 104422 8028207

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: December 17, 2019

ORDER TIME : 10:35 AM

ORDER NO. : 104422-020

CUSTOMER NO: 8028207

FOREIGN FILINGS

NAME: AXON UNDERWRITING SERVICES

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:

Registration Section
Division of Corporations

	Name of	Limited Liability Company		
The enclosed "Application by Fo Existence, and check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authorization to Tra enced foreign limited liabilit	ansact Business in Florida," y company to transact busine	Certificates in Flo
Please return all correspondence	concerning this matter to the	following:		
		Linda Marsh		
	N	lame of Person		
<u></u>	Axon Uno	derwriting Services LLC	2019 D	•
	F	irm/Company	DEC 18	
	360	0 Erie Blyd, East	Actual Control	[::
		Address	THE THE	こ
	Syracus	c, New York 13202	: L3 GRID	
		State and Zip Code		
lmar	sh@axonu.com E-mail address: (to be use	d for future annual report no	tification)	
or further information concerning			,	
Linda Marsh		at (<u>315</u>) <u>401-3</u> 6	629	
Name o	of Contact Person	Area Code Day	time Telephone Number	
MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, Fl. 32314		Division Registrat Clifton B	_	
ratianassee, F1, 323 14			ecutive Center Circle see, FL 32301	
inclosed is a check for the follow		D 6 126 00 000	-	
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Cel of Status & Certified Copy	

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

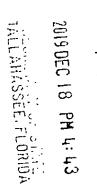
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ы анаме, епет внетые па	me adopted for the purpose of transacting business in Flo	rida. The alternate name must inclu	ide "Limited Liability C	ompany," "L. L. C," or "LLC,")
w York	4.0.	3. 46-3847782		
diction tinder the law of whi	ich foreign limited hability company is organized)		(FEI number, if a	pplicable)
ture				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration) ne penalty hability)	•	_
0 Eric Blvd. East		6 360 Erie Blve	d. East	
(Street Address of Pr	, ,	****	(Marling Address)	1019
racuse, New York	3202	Syracuse, Ne	w York 13202 5	<u></u>
				2 8
				200
e and <u>street address</u>	of Florida registered agent: (P.O. Box	NOT acceptable)		- · · ·
Name:	Corporation Service Company			PH 4: 43
Name.				1: 43 Loalb
Office Address:	1201 Hays Street			RH 5
	Tallahassee	, Florida	32301	>
	(Cay)	, riorida	(Zip code)	_
ept the obligations	ons of all statutes relative to the proper of my position as registered agent. Conporation Service Company By:	and complete performa Kook Asst.	ince of my dutie. esha Roberson	is capacity. I further o s, and I am familiar w
name, title or capac	of my position as registered agent. Corporation Service Company By: (Registered agent's service) (Registered agent's service) (Registered agent's service)	and complete performa Kook Asst.	ince of my dutie. esha Roberson . Vice President	is capacity. I further o s, and I am familiar w -
ept the obligations	of my position as registered agent. Conporation Service Company By: (Registered agent's	and complete performa Kook Asst.	ince of my dutie. esha Roberson Vice President age is/are:	is capacity. I further of s, and I am familiar w
name, title or capac	of my position as registered agent. Corporation Service Company By: (Registered agent's: city and address of the person(s) who ha Name and Address: Daniel I. Beck	And complete performa Kack Asst. Signature) s/have authority to mana	esha Roberson Vice President age is/are:	s, and I am familiar w
name, title or capacie or Capacity:	of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who ha Name and Address: Daniel I. Beck 198 W. High Street	S/have authority to mana	esha Roberson Vice President age is/are:	s, and I am familiar w ame and Address: Eckardt C. Beck 60 Erie Blvd, East
name, title or capacie or Capacity:	of my position as registered agent. Corporation Service Company By: (Registered agent's: city and address of the person(s) who ha Name and Address: Daniel I. Beck	S/have authority to mana	esha Roberson Vice President age is/are:	s, and I am familiar w ame and Address: Eckardt C. Beck
name, title or capacile or Capacile or Capacity:	of my position as registered agent. Corporation Service Company By: (Registered agent's strict and address of the person(s) who has Name and Address: Daniel I. Beck 198 W. High Street Somerville, NJ 08876	and complete performa Kack Asst. Signature) s/have authority to mana Title or Capacity: Partner	esha Roberson Vice President age is/are:	ame and Address: Eckardt C. Beck 360 Erie Blvd. East Syracuse, NY 13202
name, title or capacie or Capacity:	of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who hat Name and Address: Daniel I. Beck 198 W. High Street Somerville, NJ 08876 Kenneth Burrell 913 Forrest Street	S/have authority to mana	esha Roberson Vice President age is/are:	ame and Address: Eckardt C. Beck 500 Erie Blvd, East Syracuse, NY 13202
name, title or capacile or Capacile or Capacity:	of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who hat Name and Address: Daniel I. Beck 198 W. High Street Somerville, NJ 08876 Kenneth Burrell	and complete performa Kack Asst. Signature) s/have authority to mana Title or Capacity: Partner	esha Roberson Vice President age is/are: Ns	ame and Address: Eckardt C. Beck 360 Erie Blvd. East Syracuse, NY 13202
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name, title or capacite or Capacity: anaging Partner tachments if necess.	of my position as registered agent. Corporation Service Company By: (Registered agent's active and address of the person(s) who has Name and Address: Daniel I. Beck 198 W. High Street Somerville, NJ 08876 Kenneth Burrell 913 Forrest Street Roswell, GA 30075 ary) See Attached of existence, no more than 90 days old of which it is organized. (If the certificate	signature) s/have authority t Title or Cap Partner Managing	Forma Kad - Asst. o mana pacity: Partne	rformance of my dutie Kadesha Roberson - Asst. Vice President o manage is/are: pacity: Partner d by the official having

Typed or printed name of signee



Title or Capacity:	Name and Address
Partner	Douglas Gahagan 198 W. High Street Somerville, NJ 08876
Partner	William R. Hampton 913 Forrest Street Roswell, GA 30075
Managing Partner	Brian Macrae 360 Eric Blvd. East Syracuse, NY 13202



State of New York Department of State } ss:

I hereby certify, that AXON UNDERWRITING SERVICES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/10/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201912170466 • 45

Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of December two thousand and nineteen.

Brendan C. Hughes

Executive Deputy Secretary of State,