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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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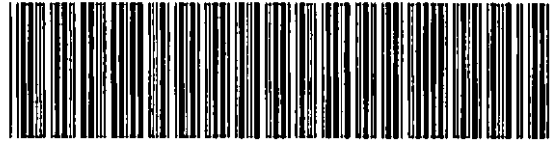
(Business Entity Name)

(Document Number)

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TALLAHASSEE

S. ROBERTS

FEB 22 2022



Registration Section
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

February 8, 2022

To Whom It May Concern,

Please find enclosed 'Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida,' Certificate of Existence, and check submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerns this matter to the following:

Axiom Data Science
645 G St, Suite 100-1132
Anchorage, AK 99501

Regards,

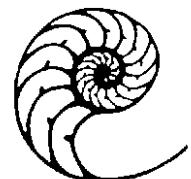
Lyra J Bochenek
Owner, Operations Manager
Axiom Data Science
(907) 952-2160
lyra@axiomalaska.com

HQ 1016 W 6th Ave, Ste. 105
Anchorage, AK 99501, USA
West 921 SW Washington St, #318
Portland, OR 97205, USA
East 7 Main St, Unit 1E/F
Wickford, RI 02852, USA

phone +1 (907) 230-0304

email axiom@axds.co

web <https://axiomdatascience.com>



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Axiom Data Science, 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:

Lyra Bochenek

Name of Person

Axiom Data Science, LLC

Firm/Company

645 G St Suite 100-1132

Address

Anchorage, AK 99501

City/State and Zip Code

lyra@axiomdatascience.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Bochenek

(907)

230-0304

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Axiom Data Science, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Alaska 3. 20-8078209
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/8/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1016 W. 6th Ave, Suite 105 6. 645 G St, Suite 100-1132
(Street Address of Principal Office) (Mailing Address)

Anchorage, AK Anchorage, AK

99501 99501

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

Name: Ana M. Krelling

Office Address: 425 Ruth Lane

Orlando, Florida 32801
(City) (Zip code)

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.

Ana M. Krelling
(Registered agent's signature)

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2022 FEB 22 PM 12:16
TALLAHASSEE, FL

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

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert Bochenek

☒ Member Address: 2010 Shore Dr

☐ Authorized Anchorage, AK 99515

Person

☐ Other ☐ Other

☐ Manager Name: Kyle Wilcox

☒ Member Address: 83 Woodmont Dr

☐ Authorized North Kingstown, RI 02852

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Lyra Bochenek

☒ Member Address: 2010 Shore Dr

☐ Authorized Anchorage, AK 99515

Person

☐ Other ☐ Other

☐ Manager Name: Shane St Savage

☒ Member Address: _____

☐ Authorized 921 SW Washington St, Ste 100

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.


Signature of an authorized person

Lyra J. Bochenek

Typed or printed name of signee

Alaska Entity #105291

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Axlom Data Science, LLC

This entity was formed on December 20, 2006 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective January 6, 2022.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner