M2200014798

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



000392776450

09/16/22--01099--012 **180.00

2022 * 16 PH12: 16

S. FRANKLIN SFP 25 2022

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	Axis Energy Services, LLC		_		
	Name of L	imited Liability Company			
		pany for Authorization to Transact Business in Florida. enced foreign limited liability company to transact bus			
Please re	turn all correspondence concerning this matter to the	following:			
	Da	alia Requejo			
	Na	ame of Person	-		
	Axis En	ergy Services, LLC	_		
	Fir	rm/Company			
	901 Main Street, Ste 4920		7027		
		Address			
	Dall	as, TX 75202	-F		
	City/St	ate and Zip Code			
	dalia.rec E-mail address: (to be used	quejo@axisofs.com I for future annual report notification)	F. 12: 16		
For furtl	er information concerning this matter, please call:				
	Dalia Requejo	at (214) 402 - 1009			
	Name of Contact Person	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 \$\sqrt{\mathbb{X}}\$				

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 LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

A via Enderny Sorvious LLC.

1. Axis Energy Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	ed Liability Co	npany," "L.L.C.," or "LI.C.")	
	·		
(If name imavailable, enter alternate name adopted for the purpose of transacting business in	Florida The altern	ate name must include "Limited Liability (ompany," "L.L.C," or "LLC.")
2. Texas	3	(FEI number, if ap	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if ap	plicable)
4			
(Date first transacted business in Florida, if prior i (See sections 605,0904 & 605,0905, F.S. to deten	o registration.) mine penalty liabil	ity)	
199 Corporate Rd	6. <u> </u>	01 Main Street	
Street Address of Principal Office)		(Mailing Address)	1022
	_S	te 4920	. /
Longview, TX 75603	D	allas, TX 75202	<u>.</u>
Longview, 177 75005		anas, 17/13202	
7. Name and street address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ptable)	F::12: 16
			6
Name: Capitol Corporate Services, In	c.		
Office Address: 515 East Park Ave., 2nd Floo	<u>r</u>		
Tallahassee		, Florida 32301 (Zip code)	
(City)		(Zip code)	
Registered agent's acceptance: Having been named as registered agent and to accept service of lesignated in this application, I hereby accept the appointment o comply with the provisions of all statutes relative to the prope	as registerea	agent and agree to act in this	capacity. I further ag
and accept the obligations of my position as registered agent.	Toular C	loon Aget Coo on babale	
Taylor Seay	-	seay, Asst. Sec. on behalf of Corporate Services, Inc.	•
(Registered agent		or corporate services, the	••

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: _____ Name: Christine Stroud □ Manager □Manager Address: 199 Corporate Road Address: 901 Main Sreet □Member □Member Longview, TX 75603 Ste 4920 □ Authorized □ Authorized Dallas, TX 75202 Person Person ■Other General Counsel & Secretary Other Other Chief Executive Officer □Other____ Chris Boone Name: Name: □Manager □Manager 901 Main Street Address: □Member Address: □Member Ste 4920 □ Authorized ☐ Authorized Dallas, TX 75202 Person Person ■Other Chief Financial Officer □Other □Other _ □Manager □Manager □Member □Member Address: _____ Address: ____ ☐ Authorized □ Authorized Person Person Other Other____ Other_ ___ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Christine Stroud
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 Conversion for Axis Energy Services, LLC (file number 802324567), a Domestic Limited Liability Company (LLC), was filed in this office on November 02, 2015.

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 September 09, 2022.



John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov

Fax: (512) 463-5709 Dial. 7-1-1 for Relay Services TID: 10264 Document: 1176398670003