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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

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

Email Address: _____

**Foreign Limited Liability Company
AXIP SERVICES COMPANY, LLC**

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

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COVER LETTER

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TO: **Registration Section**
Division of Corporations

SUBJECT: Axip Services Company, 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:

Ahlaam Varachia

Name of Person

Axip Services Company, LLC

Firm/Company

8150 North Central Expressway, Ste 900

Address

Dallas, TX 75206

City/State and Zip Code

LegalDepartment@axip.com

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

For further information concerning this matter, please call:

Ahlaam Varachia

832 at ()

294-6500

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 ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**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. Axip Services Company, L.L.C.
(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. Texas 3. 26-3632807
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 1301 McKinney, Ste 900 6. 1301 McKinney, Ste 900
(Street Address of Principal Office) (Mailing Address)

Houston, TX 77010

Houston, TX 77010

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)

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.

Taylor Scay

Taylor Scay, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

(Registered agent's signature)

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TALLAHASSEE, FL

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Axip Energy Services, LP</u>	<input type="checkbox"/> Manager	Name: <u>Robert Stiles</u>
<input checked="" type="checkbox"/> Member	Address: <u>1301 McKinney, Ste 900</u>	<input type="checkbox"/> Member	Address: <u>8150 N Central Expressway</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77010</u>	<input type="checkbox"/> Authorized	<u>Ste 900</u>
Person	<u></u>	Person	<u>Dallas, TX 75206</u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other	<u>President</u>
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Stephen Childress</u>	<input type="checkbox"/> Manager	Name: <u>Robert Earl Ashley</u>
<input type="checkbox"/> Member	Address: <u>1301 McKinney, Ste 900</u>	<input type="checkbox"/> Member	Address: <u>8150 N Central Expressway</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77010</u>	<input type="checkbox"/> Authorized	<u>Ste 900</u>
Person	<u></u>	Person	<u>Dallas, TX 75206</u>
<input checked="" type="checkbox"/> Other	<u>CFO</u>	<input checked="" type="checkbox"/> Other	<u>Vice President</u>
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Ahlaam Varachia</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>8150 N Central Expressway</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Ste 900</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Dallas, TX 75206</u>	Person	<u></u>
<input checked="" type="checkbox"/> Other	<u>Asst Secretary</u>	<input type="checkbox"/> Other	<u></u>
	<input type="checkbox"/> Other		<input type="checkbox"/> 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.

Ahlaam Varachia

Signature of an authorized person

Ahlaam Varachia, Assistant Secretary

Typed or printed name of signer

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



Jane Nelson
Secretary of State

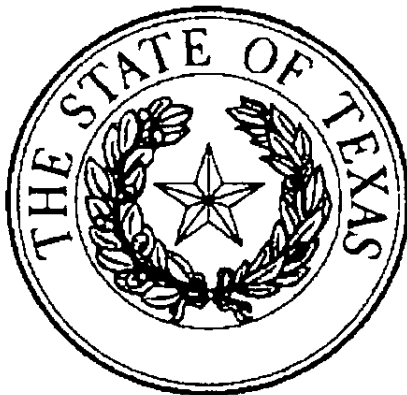
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AxiP Services Company, LLC (file number 801046109), a Domestic Limited Liability Company (LLC), was filed in this office on October 29, 2008.

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 May 03, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State

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