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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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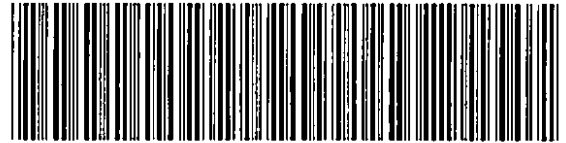
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 JAN 16 AM 11:05

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axis Lending Group 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:

Aaron Page

Name of Person

Axis Lending Group LLC

Firm/Company

3741 W Loxton Loop

Address

Coeur d'Alene, ID 83815

City/State and Zip Code

aaron@axislendinggroup.com

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

For further information concerning this matter, please call:

Christine Morgan

503

719-2948

at (_____) _____

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

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. Axis Lending Group 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. Idaho
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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. 3741 W Loxton Loop
(Street Address of Principal Office)

Coeur d'Alene, ID 83815

6. 3741 W Loxton Loop
(Mailing Address)

Coeur d'Alene, ID 83815

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

Name: Registered Agents Inc

Office Address: 7901 4th St N, STE 300

St Petersburg, Florida 33702
(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.

David X. Berts
(Registered agent's signature)

FILED
2024 JAN 16 AM 11:05
STATE OF FLORIDA
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: Aaron Page

☒ Member Address: 3741 W Loxton Loop

☒ Authorized Coeur d'Alene, ID 83815

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Christine Morgan

☒ Member Address: 6403 Boyd Ct

☒ Authorized Castle Rock, CO 80104

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

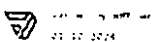
☐ Other _____ ☐ Other _____

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.

Christine Morgan



Signature of an authorized person

Christine Morgan



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

January 10, 2024

Request Type: Certificate of Existence/Filing

Request #: 0005558245

Receipt #: 000925939

Issuance Date: 01/10/2024

Copies Requested: 0

Regarding: Axis Lending Group LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 08/03/2023

Status: Active-Existing

Duration Term: Perpetual

File #: 5348500

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Axis Lending Group LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 026848836