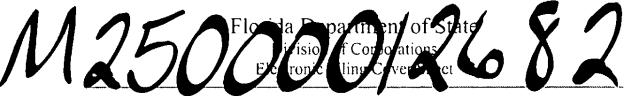
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000322982 3)))



H250003229823ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

zrn@axispeakcapital.com

Foreign Limited Liability Company AxisPeak Capital LLC



Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP - 9 2025

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AxisPeak Capital LLC (Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LLC.	,	
(Il' come una sitable enter alternate)	name adopted for the purpose of transacting business a	Florida. The alternate name must mehide "Limited	Haubthy Compans," "L.L.C." or "Lt.C.")	
Delaware [A company is organized]		33-5002944		
N/A 4	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration.) rmine penulty liability)	·	
127 E. Ridgewood Ave., Ste 205 5. (Street Address of Principal Office) 127 E. Ridgewood Ave., Ste 205 6. (Mailing Address)		Sie 205		
Ridgewood, NJ 07450	··	Ridgewood, NJ 07450		
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	1925 SEP -	
Name:	C T Corporation System	····	SY VD	
Office Address:	1200 South Pine Island Road		PM 4: 23	
	Plantation (City)	33324 Florida (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.

By: Eich CF Corporation System
Eric Carlson, Assistant Secretary
(Registered agent's signature)

Page: 4 of 5

To: 4

From: Daylen Platt

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:	Title or Capacity:	Name and Address:
□Manager	Name: Zachary Ross-Nash	□Manager	Name: Andrew Bender
□Member	Address:Address:	□Member	Address: 127 E. Ridgewood Ave.
□Authorized	Suite 205	□Authorized	Suite 205
Person	Ridgewood, NJ 07450	Person	Ridgewood, NJ 07450
©Other	Other	Other Secretary	□Other
□Manager	Name: Justin D'Appolonia	□Manager	Name:
□Member	Address: 127 E. Ridgewood Ave.	□Member	Address: PC S T
□Authorized	Suite 205	□Authorized	3-5 I
Person	Ridgewood, NJ 07450	Person	SST P
Other Chief Grow		□Other	1 : - 1
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	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. 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.

Zak Ross-Nas	ch .	
0	Signature of an authorized person	
Zachary Ross-Nash		
	Eyped or printed name of signee	



Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXISPEAK CAPITAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Charuni Patibanda-Sanchez, Secretary of State Authentication: 204264271

C. G. Sanchen

Date: 07-22-25