

# P23000039382

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

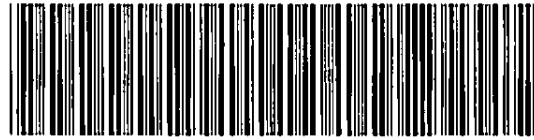
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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2023 MAY 18 PM 2:59  
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AXIS ESTATES CORP

Please Debit I20000000257 For: 70

Thank you Seth Neeley



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\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_ Merger File \_\_\_\_\_  
\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_ Courier \_\_\_\_\_

Signature

Requested by: SETH 05/17

Name Date Time

Walk-In Will Pick Up

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: AXIS ESTATES CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Bared & Associates, P.A.

Name (Printed or typed)

201 Alhambra Circle, Suite 501

Address

Coral Gables, FL 33134

City, State & Zip

305-666-6010

Daytime Telephone number

mimi@baredlaw.com

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

**NOTE: Please provide the original and one copy of the articles.**

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3 MAY 18 PM 9:35

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

Axis Estates Corp.  
The name of the corporation shall be:

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
201 Alhambra Circle  
Suite 501  
Coral Gables, FL 33134

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any and all lawful business.

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alexis Nickin, President & Director  
Address: 201 Alhambra Circle  
Suite 501  
Coral Gables, FL

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pablo R. Bared, Esq.  
Address: 201 Alhambra Circle, Suite 501  
Coral Gables, FL 33134

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pablo R. Bared, Esq.  
Address: 201 Alhambra Circle, Suite 501  
Coral Gables, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

/s/ Pablo R. Bared

05/18/2023

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

/s/ Pablo R. Bared

05/18/2023

Required Signature/Incorporator

Date