

Filing and License Fee: \$310.00 minimum

ID Number: \_\_\_\_\_



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is AXIS FINANCIAL SERVICES, INC.
2. It is incorporated under the laws of CALIFORNIA
3. The name, if different, which it elects to use in Rhode Island is:

(a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*

(b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*

4. The date of its incorporation is October 7, 1999 and the period of its duration is PERPETUAL

5. The address of its principal office in the state or country under the laws of which it is incorporated is \_\_\_\_\_  
2231 RUTHERFORD RD., STE 210, CARLSBAD, CA 92008

6. The address of its proposed registered office in Rhode Island is 155 SOUTH MAIN STREET, STE 301  
(Street Address, not P.O. Box)

PROVIDENCE, RI 02903 and the name of its proposed registered agent in Rhode Island at  
(City/Town) (Zip Code)

that address is C T CORPORATION SYSTEM  
(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

THIRD PARTY DEBT COLLECTIONS

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

|          | <u>Name</u>           | <u>Address</u>                                          |
|----------|-----------------------|---------------------------------------------------------|
| Director | <u>DAVID OAS</u>      | <u>2231 RUTHERFORD RD., STE 210, CARLSBAD, CA 92008</u> |
| Director | <u>JEANNIE POSNER</u> | <u>2231 RUTHERFORD RD., STE 210, CARLSBAD, CA 92008</u> |
| Director | _____                 | _____                                                   |
| Director | _____                 | _____                                                   |

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- (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

|                | <u>Name</u> | <u>Address</u>                                   |
|----------------|-------------|--------------------------------------------------|
| President      | DAVID OAS   | 2231 RUTHERFORD RD., STE 210, CARLSBAD, CA 92008 |
| Vice President |             |                                                  |
| Treasurer      |             |                                                  |
| Secretary      |             |                                                  |

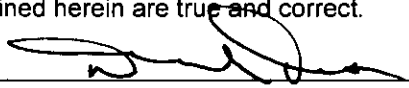
9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value or Statement that<br/>Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---------------------------------------------------------------------|
| 30,000,000              | COMMON       |               | .0001                                                               |
| 5,000,000               | PREFERRED    |               | .0001                                                               |
|                         |              |               |                                                                     |

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is  
\$ 30,000 .
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is  
\$ 0.00 .
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is  
\$ 1,250,000 .
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0.00 .
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> day after the date of this filing \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/30/09

  
\_\_\_\_\_  
Signature of Authorized Officer of the Corporation

DAVID OAS, PRESIDENT/DIRECTOR

\_\_\_\_\_  
Type or Print Name of Authorized Officer

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

AXIS FINANCIAL SERVICES, INC.

FILE NUMBER: C2178546  
FORMATION DATE: 10/07/1999  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of August 28, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State