



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

FILED
Secretary of State
State of California

FEB 01 2021

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

Read instructions **before** completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

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Above Space For Office Use Only

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, see instructions.)

Axiom Financial Insights LLC

2. 12-Digit Secretary of State Entity (File) Number

2 0 2 1 0 0 5 1 0 1 4 8

3. State, Foreign Country or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 924 Sudario Court	City (no abbreviations) Camarillo	State CA	Zip Code 93010
b. Mailing Address of LLC, if different than item 4a 2390 Las Posas Road, Suite C, #175	City (no abbreviations) Camarillo	State CA	Zip Code 93010
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b Blake	Middle Name	Last Name Welcher	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 924 Sudario Court	City (no abbreviations) Camarillo	State CA	Zip Code 93010

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Robert	Middle Name A	Last Name Wilkins	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 550 North Brand Boulevard, Suite 550	City (no abbreviations) Glendale	State CA	Zip Code 91203

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Limited Liability Company

Support services for financial institutions engaging in high-risk and other transactions

8. Chief Executive Officer, if elected or appointed

a. First Name Blake	Middle Name	Last Name Welcher	Suffix
b. Address 924 Sudario Court	City (no abbreviations) Camarillo	State CA	Zip Code 93010

9. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

11/15/2021
Date

BLAKE A. WELCHER
Type or Print Name of Person Completing the Form

CEO
Title

[Signature]
Signature