


**AZ CORPORATION COMMISSION
FILED**

FEB 14 2007

FILE NO. L-1345044-0

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION
**DO NOT PUBLISH
THIS SECTION**

NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional service. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC."

2. Must be an Arizona address. **DO NOT LEAVE THIS SECTION BLANK**

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent must sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

- ☒ **ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)**
☐ **ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)**

1. The name of the organization:

A. _____
 LLC Name Reservation File Number (If one has been obtained). If not, leave this line blank

B. BLACK MOUNTAIN LIMOSINES LLC
 Limited Liability Company Name

2. Known place of business in Arizona (If address is the same as the street address of the statutory agent, write "same as statutory agent". **DO NOT LEAVE THIS SECTION BLANK**)

Address same

City _____ State _____ Zip _____

3. The name and street address of the statutory agent in Arizona

Name KIM NGUYEN

Address 525 N MILLER DR #115

City Scottsdale State AZ Zip 85257

Acceptance of Appointment by Statutory Agent:

I KIM NGUYEN, having been designated to act as
 (Print Name of the Statutory Agent)
 Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature: Black Mountain Limosines
BLACK MOUNTAIN LIMOSINES
 If signing on behalf of a company, please print the company name here.

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4. Only required for professional limited liability company. The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

5. The latest date, if any, on which the Company must dissolve. If a dissolution date should include the month, day and year. *Perpetual means continuing forever or indefinitely*

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

6A. If reserved to the member(s), check the member's box and provide the name(s) and address(es) of each member. **NOTE:** if reserved to the member(s) you cannot list any manager.

6B. If vested in manager(s) check the manager's box and provide the name(s) and address(es) of each manager and each member who owns a twenty (20%) percent or greater interest in the capital or profits of the LLC/ PLLC.

The person (s) executing this document need not be a manager or member of the company.

Your phone and fax are optional.

LL:0004
Rev: 10/2006

4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)

TRANSPORTATION SERVICE

5. Dissolution: The latest date of Dissolution

☐ The latest date to dissolve ___/___/___ (Please enter month, day and four digit year)

☒ The Limited Liability Company is Perpetual

6. Management Structure: (Check one box only) A.R.S. §29-632(5)

A. ☐ **RESERVED TO THE MEMBER(S)**

IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

B. ☒ **VESTED IN MANAGER(S)**

IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name KIM NGUYEN

Name _____

Member ☒ Manager (only if "B" is selected above)

Member ☐ Manager (only if "B" is selected above)

Address: 525N MILLER Dr #115

Address: _____

City Scottsdale State, AZ Zip: 85257

City, _____ State, _____ Zip: _____

Name _____

Name _____

Member ☐ Manager (only if "B" is selected above)

Member ☐ Manager (only if "B" is selected above)

Address: _____

Address: _____

City, _____ State, _____ Zip: _____

City, _____ State, _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

Executed this 14 day of FEBRUARY, 2007

Executed by: [Signature] Print Name KIM NGUYEN

Black Mountain Limosines

If signing on behalf of a company, please print the company name here.

Phone Number: 480-248-4859 Fax Number: _____

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET**

Important: **USE A SEPARATE COVER** sheet for each document.

Please Select AND Complete all the Appropriate Sections 1 through 10:

Regarding (Name/Proposed name for Corp/LLC):

1. Type In Name: Black Mountain Limousines

2. Filing Type: (Select Only One)

- ☐ Articles of Domestication \$100.00
- ☐ Articles of Incorporation (P)..... \$ 60.00
- ☐ Articles of Incorporation (NP)..... \$ 40.00
- ☐ Articles of Organization..... \$ 50.00
- ☐ Application to Transact Business (B)..... \$175.00
- ☐ Application to Conduct Affairs (NP)..... \$175.00
- ☐ Application for New Authority..... \$175.00
- ☐ Application for Registration..... \$150.00
- ☐ Articles of Amendment \$ 25.00
- ☐ Articles of Amendment & Restatement \$ 25.00
- ☐ Articles of Correction..... \$ 25.00
- ☐ Articles of Merger/Share Exchange \$100.00
- ☐ Affidavit of Publication No Fee
- ☐ Other: _____

4. Processing Type (Select One)

☐ **Expedited (\$35.00)** (Priority service, Additional Fee Per Document) Completed as soon as possible. View current processing times at www.cc.state.az.us/corp

☐ **Regular** View current processing times at www.cc.state.az.us/corp

5. Select Payment type:

☐ Check Amt _____ Check # _____

☐ Cash Amt _____

☐ MOD Amt _____ MOD # _____

☐ No fee required

☐ See attached distribution of funds instructions

3. Extras:

- ☐ Certified Copies () (Qty @ \$5 each for Corps)
- ☐ Certified Copies () (Qty @ \$10 each for LLC's)
- ☐ Good Standing Certificate () (Qty @ \$10 ea.)
- ☐ Expedite Good Standing (\$35 extra)
- ☐ Expedite Certified Copies (\$35 extra)

6. Total Payment Type: \$ _____

7. Other Special Instructions: _____

8. SELECT ONE RETURN DELIVERY OPTION :

☐ Mail ☒ Pick Up ☐ Fax # () _____

9. The following individual should be called to pick up completed documents:

Name/Service Co. Kim NGUYEN Phone: (602) 758 0236

Pick-up by: _____

Date: _____

(FOR ACC USE ONLY. Do not fill in this box)

10. Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:

Firm Name: _____ Attn: _____

Address: _____

City, State, Zip: _____