

The company name must contain an ending which may be "limited"

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APPLICATION FOR REGISTRAT OF A FOREIGN LIMITED LIABILITY CO

ability company,"	Pursuant to A.R.S. §29-802 et seq.
ne abbreviations	The name of the foreign limited liability company is:
r "LC". If you are the older or assignee of a radename, attach a	BF Holdings, LLC
opy of the tradename ertificate. If your ame is not available or use in Arizona, you nust adopt a fictitious ame and provide a esolution adopting the ame, which must be	If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:
igned by a manager, nember or authorized gent.	2. The company is organized under the laws of:(State)
Provide the name of ne state or jurisdiction nder whose laws your ompany was formed.	3. The date of the company's formation is: <u>December 5, 2008</u>
Provide the date on which your company rganized in the state rjurisdiction under whose laws it was brined.	4. The purpose of the company or the general character of business it proposes to transact in Arizona is: Real Estate Investment
Provide the general haracter of business ou plan to transact in rizona.	5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is: Ralph Bednar
. The statutory agent nust provide a street ddress. If statutory gent has a P.O. Box, nen they must lso provide a street ddress/location.	32829 North 43 rd Street Cave Creek, AZ 85331 ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT
the agent must onsent to the ppointment by xecuting the consent.	I, Ralph Bednar, having been designated to act as (Print Name) statutory agent, hereby consent to act in that capacity until removed or resignation is submitted
L:0005 lev. 10/2006	in accordance with the Arizona Revised Statutes. Signature If signing on behalf of a company, print company name here
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AZ CORPORATION COMMISSION FILED

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6. Check which management structure will be applicable to your company. Provide name, title and address for each	6. Management Structure (select option A or B): A Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:					
person.	Name: David J. Voorhies	Name: Kathy Holland				
7. If the jurisdiction	Address: 420 EWH CUPTIECO	Address: 420 East Carillo				
under the law of which your company is	Street	<u>Street</u>				
formed, you must provide the address of the principle office of	City, State, Zip: Santa Rarbara, CA	City, State, Zip: Santa Barbara, CA 93101				
the company, in whatever state or	Name:	Name: [] member [] manager				
jurisdiction it is located.	1					
	Address:	Address:				
The application must						
be signed by a member, manager or	City, State, Zip:	City, State, Zip:				
duly authorized agent.	D D . Management of the limited lightlift, par	nnany is reserved to the members				
	B Management of the limited liability company is reserved to the members. The names and addresses of each person who is a member are:					
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Attach a certificate of	Name:	Name:				
existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody	Address:	Address:				
of corporate records in the state, province or county under whose laws the corporation is	City, State, Zip:	City, State, Zip:				
incorporated.	Name	Name				
	Name:	Name:				
	Address:	Address:				
	City, State, Zip:	City, State, Zip:				
	7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is: 1600 Lake Las Vegas Par kway Henderson, NV, 8901					
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Your phone and fax	Executed this 11th day of <u>December</u> 2008					
numbers are optional.	- Day	id J. Voorhies				
<u></u>		e (Check One) ☐ Member ➤ Manager ☐ Authorized Agent				
LL:0005 Rev. 10/2006						
: ·***	PHONE: 702-506-0983 FAX: 102. 564-5005					

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BF HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 5, 2008, and is in good standing in this state.

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Electronic Certificate
Certificate Number: C20081208-1985
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 8, 2008.

ROSS MILLER Secretary of State

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION SUBMISSION COVER SHEET

Important: <u>USE A SEPARATE COVER</u> sheet for each document.

AR	E YOU FILING:
	ease Select AND Complete all the Appropriate Sections 1 through 10: garding (Name/Proposed name for Corp/LLC):
1. 2.	Type in Name: BF Holdings, LLC Filing Type: (Select Only One) Articles of Domestication
3.	Articles of Merger/Share Exchange\$100.00 Articles of Merger LLC\$50.00 Affidavit of PublicationNo Fee Other: 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 (\$35.00 extra) Expedite Certified Copies (\$35.00 extra) DEC 1 2 2008
7.	
8.	Other Special Instructions: SELECT ONE RETURN DELIVERY OPTION: Mail Pick Up Fax # CORPORATIONS DIVISION
9.	The following individual should be called to pick up completed documents:
	Name/Service Co/Preparer: Phone:
	Preparer License # (If applicable)
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: Transcontinental Corporation Attn: Peggy Paas Address: 1600 Lake Las Vegas Parkway
	City, State, Zip: Henderson
	City, State, Zip:
	Pick-up by: Date: (FOR ACC USE ONLY. Do not fill in this box)

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