



02855516

**APPLICATION FOR REGISTRATION  
OF A FOREIGN LIMITED LIABILITY  
Pursuant to A.R.S. §29-802 et**

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.," "L.C.," "LLC" or "LC". If you are the holder or assignee of a tradename, attach a copy of the tradename certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

2. Provide the name of the state or jurisdiction under whose laws your company was formed.

3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by executing the consent.

LL:0005  
Rev. 10/2006

1. The name of the foreign limited liability company is:

TITANIA LLC

1. a. 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:

(FN)

2. The company is organized under the laws of: NEVADA

(State)

3. The date of the company's formation is: 06 | 24 | 2009

4. The purpose of the company or the general character of business it proposes to transact in Arizona is:

AUTOMOTIVE WHOLESALE PARTS SALES

5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:

LARRY ZIMMERMAN

13038 W. BIG OAK STREET

PEORIA, AZ 85383

**ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT**

I, LARRY ZIMMERMAN, having been designated to act as  
(Print Name)

statutory agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

*Larry Zimmerman*  
Signature

TITANIA LLC

If signing on behalf of a company, print company name here

**AZ CORPORATION COMMISSION  
FILED**

**JUL 22 2009**

**FILE NO. R15408285**



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

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated.

Your phone and fax numbers are optional.

LL:0005  
Rev. 10/2006

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:

Name: DIANNE ZIMMERMAN  
[ ] member [X] manager

Address: 60 JAMES VINCENT DRIVE

City, State, Zip: CLINTON, CT 06413

Name: LARRY ZIMMERMAN  
[ ] member [X] manager

Address: 13038 W. BQ OAK STREET

City, State, Zip: PEARIA, AZ 85383

Name: GILLIAN ZIMMERMAN  
[ ] member [X] manager

Address: 60 JAMES VINCENT DRIVE

City, State, Zip: CLINTON, CT 06413

Name: \_\_\_\_\_  
[ ] member [ ] manager

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

B ☐ **Management of the limited liability company is reserved to the members.** The names and addresses of each person who is a member are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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:

8190 W. DEER VALLEY Rd Ste 104-260

PEARIA, AZ 85382

Executed this 22 day of JULY, 2009.

Larry Zimmerman  
Signature

LARRY ZIMMERMAN  
Print Name (Check One) ☐ Member ☒ Manager ☐ Authorized Agent

PHONE: 480-272-0619

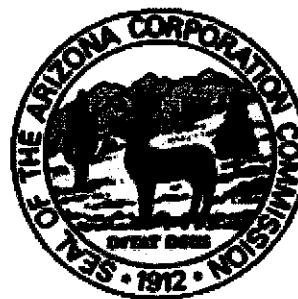
FAX: 860-371-3133



07/21/2009



Arizona Corporation  
Commission  
Electronic Filing  
Document Information

5:42  
PM**CONGRATULATIONS!**

- Please print two copies of this E-filed document:
  - One to submit when filing articles/application.
  - One for your records.
- Thank you for E-filing!

**APPLICATION FOR RESERVATION OF CORPORATE NAME****Document Information****Your Order Number is: 373574****Fee:10.00****Expedite:35.00**

TITANIA LLC  
LARRY ZIMMERMAN  
13038 W. BIG OAK STREET  
PEORIA AZ 85383

Effective Date: 07/21/2009  
File No: N-1540522-1

You have reserved the name of:

TITANIA LLC

Name Reservation is granted for a period not to exceed one hundred and twenty(120) days.

This name reservation was received on 07/21/2009 and will expire on 11/19/2009 (A.R.S. SECTION 29-602).

The reservation number referenced above **may not** be the same as the file number you will receive upon approval of your articles/application. We advise that this number not be used for any purposes before your articles/application are approved by the Corporation Commission.



**IMPORTANT:** Include a copy of this reservation confirmation letter when filing articles/application for a corporation or Limited Liability Company.

AMOUNT RECEIVED \$45

RECEIPT No. 40449

- [Commission Privacy Policy](#)
- [Return to STARPAS Main Menu](#)
- [Return to A.C.C. Corporations Division Main Page](#)
- [Return to Arizona Corporation Commission Home Page](#)







ROSS MILLER  
Secretary of State  
206 North Carson Street  
Carson City, Nevada 89701-4299  
(775) 684 6708  
Website: www.nvsos.gov

**Articles of Organization  
Limited-Liability Company**  
(PURSUANT TO NRS CHAPTER 86)

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number <b>20090503989-05</b>
	Filing Date and Time <b>06/24/2009 8:00 AM</b>
	Entity Number <b>E0339572009-8</b>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

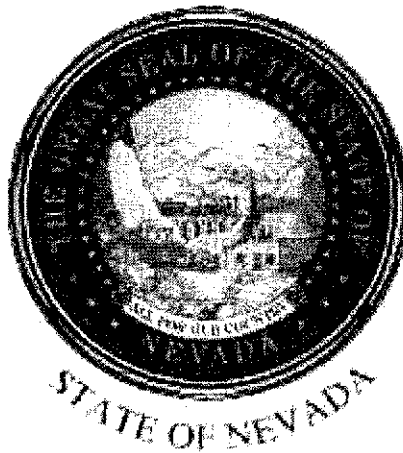
<b>1. Name of Limited-Liability Company:</b> (must contain approved limited liability company wording; see instructions)	<b>Titania LLC</b>	Check box if a Series Limited-Liability Company <input type="checkbox"/>
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: <b>United States Corporation Agents, Inc.</b> Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity <b>500 N Rainbow Blvd., Ste. 300 A</b> <b>Las Vegas</b> <b>Nevada</b> <b>89107</b> Street Address City State Zip Code <b>Mailing Address (if different from street address)</b> <b>City</b> <b>State</b> <b>Zip Code</b>	
<b>3. Dissolution Date:</b> (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):	
<b>4. Management:</b> (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) <b>OR</b> <input checked="" type="checkbox"/> Member(s) (check only one box)	
<b>5. Name and Address of each Manager or Managing Member:</b> (attach additional page if more than 3)	1) <b>Dianne Zimmerman</b> Name <b>60 James Vincent Drive</b> <b>Clinton</b> <b>CT</b> <b>06413</b> Street Address City State Zip Code 2) <b>Gillian Zimmerman</b> Name <b>60 James Vincent Drive</b> <b>Clinton</b> <b>CT</b> <b>06413</b> Street Address City State Zip Code 3) Name Street Address City State Zip Code	
<b>6. Name, Address and Signature of Organizer:</b> (attach additional page if more than 1 organizer)	<b>Janet Yoo, Legalzoom.com, Inc.</b> Name <b>7083 Hollywood Blvd., Suite 180</b> <b>Los Angeles</b> <b>CA</b> <b>90028</b> Address City State Zip Code <b>X</b> Organizer Signature	
<b>7. Certificate of Acceptance of Appointment of Registered Agent:</b>	<b>I hereby accept appointment as Registered Agent for the above named Entity.</b> <b>X</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <b>06/23/2009</b> Date	

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 LLC Articles  
Revised on 7-1-08



# SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **TITANIA LLC** did on June 24, 2009, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 24, 2009.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: Kathleen Perusse  
Certificate Number: C20090624-0803  
You may verify this certificate  
online at <http://www.nvsos.gov/>



Form **SS-4**

(Rev. July 2007)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

27-0438983

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Titania LLC</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>60 James Vincent Drive</b>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <b>Clinton, Connecticut 06413</b>		5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <b>Middlesex, Connecticut</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Larry Zimmerman</b>		7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members <b>2</b>
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Wholesale</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. <b>06/24/09</b>		12 Closing month of accounting year <b>Decembr 31</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
Agricultural <b>0</b>		Household <b>0</b>	
Other <b>7</b>			
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) <b>01/01/10</b>			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>Wholesale</b>			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Deodorizers</b>			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," write previous EIN here ▶			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>Jacob Varghese</b>		Designee's telephone number (include area code) <b>(323) 962-8600 x 529</b>
	Address and ZIP code <b>7083 Hollywood Blvd., Ste. 180, Los Angeles, CA 90028</b>		Designee's fax number (include area code) <b>(323) 790-1991</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) <b>(480) 272-0619</b>
Name and title (type or print clearly) ▶ <b>Larry Zimmerman, C00</b>			Applicant's fax number (include area code) <b>(860) 371-3133</b>
Signature ▶ <i>Larry Zimmerman</i>			Date ▶ <b>7-7-09</b>



**ARIZONA CORPORATION COMMISSION  
CORPORATIONS DIVISION COVER SHEET**

**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**

ARE YOU FILING: ☒ New Entity ☐ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: TITANIA LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input checked="" type="checkbox"/> Application for Registration	<input checked="" type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each ( ) (Enter Quantity)	<input type="checkbox"/> \$40.00 ( ) (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each ( ) (Enter Quantity)	<input type="checkbox"/> \$45.00 ( ) (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each ( ) (Enter Quantity)	<input type="checkbox"/> \$45.00 ( ) (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

**DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!**

☐ Check

Check # RECEIVED

Check Amount \$ \_\_\_\_\_

☐ M.O.D. Account

MOD Acct # JUL 22 2009

Mod Amount \$ \_\_\_\_\_

☐ Cash

Cash Amount \$ \_\_\_\_\_

☐ Credit Card -- for in-person filings only

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

CC Amount \$ \_\_\_\_\_

☐ No fee required

SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☐ Pick Up ☒ Fax # (860) 371-3133

**REQUIRED:** Please list the person or company who will be picking up the completed documents.

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

PICK-UP BY: \_\_\_\_\_

FOR ARIZONA CORPORATION COMMISSION USE ONLY

DATE: \_\_\_\_\_

View current process times at: [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations)

