



02865764

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

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.

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

Apollo Designs, 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: Delaware

_____(State)_____

3. The date of the company's formation is: August 3, 2009

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

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

2137 East Apollo Avenue

Tempe, Arizona 85283

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, Elizabeth Michelle Sweeney, 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.

Elizabeth Michelle Sweeney
Signature

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

75807-S

LL-0005
Rev. 10/2006

AZ CORPORATION COMMISSION
FILED

AUG 10 2009

FILE NO.

815449500

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
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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: Elizabeth Michelle Sweeney

☒ member ☒ manager

Address: 2137 East Apollo Avenue

City, State, Zip: Tempe, AZ 85283

Name:

☐ member ☐ manager

Address:

Name:

☐ member ☐ manager

Address:

City, State, Zip:

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:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

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:
2137 East Apollo Avenue

Tempe, AZ 85283

Executed this 7th day of August, 2009.

Signature

Myra C. Gibson

Myra C. Gibson

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

PHONE: 609-219-7426

FAX: 609-895-7395

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APOLLO DESIGNS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APOLLO DESIGNS, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2009.

4716256 8300

090747848

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7452782

DATE: 08-03-09

**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: Apollo Designs, 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"/> \$ 50.00	<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 type="checkbox"/> \$150.00	<input checked="" 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:

☒ Check Check # **RECEIVED** Check Amount \$ 185.00
☐ Cash Cash Amount \$
☐ M.O.D. Account MOD Acct # **AUG 10 2009** Mod Amount \$
☐ Credit Card CC Amount \$
☐ No fee required

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☒ Pick Up ☐ Fax # ()

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: National Document, LLC Phone Number: 602-274-5578
Address: 2601 N 3rd Street, Suite 202 Ref# 75807-S Jordan Rouse
City: Phoenix State: AZ Zip: 85004

View current process times at: www.azcc.gov/Divisions/Corporations

