



03447915

AZ CORPORATION COMMISSION
FILED

APR 15 2011

FILE NO. L10748620

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**DO NOT PUBLISH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. Bear Paws 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 4339 E Ashler hills Dr
City Cave Creek State AZ Zip 85331

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

Name Bruce Zeller
Address 4339 E Ashler hills Dr
City Cave Creek State AZ Zip 85331

Acceptance of Appointment by Statutory Agent:

I, Bruce Zeller, 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: Bruce Zeller

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

DO NOT PUBLISH THIS SECTION

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.

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

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 Bruce Zeller

Name Bruce Zeller, IRA

TRUSTEE: Bruce Zeller

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

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

Address: 4339 E Ashler hills Dr

Address: 4339 E Ashler hills Dr

City, Cave Creek State, AZ Zip: 85331

City, Cave Creek State, AZ Zip: 85331

Name Lori Zeller

Name _____

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

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

Address: 4339 E Ashler hills Dr

Address: _____

City, Cave Creek State, AZ Zip: 85331

City, _____ State, _____ Zip: _____

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

Executed this 13 day of April, 2011

Executed by: Courtney M. Fuller Print Name COURTNEY M. FULLER

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

Phone Number: 888-472-4455

Fax Number: 877-974-7082

April 13, 2011

Arizona Corporation Commission
1300 W Washington St 1st Floor
Phoenix, AZ 85007

EXPEDITE

RE: Articles of Organization for **Bear Paws LLC**

To Whom It May Concern:

I am with the organizer for **Bear Paws LLC**. Please find enclosed:

1. Submission Cover Sheet
2. The original plus one (1) copy of the Articles of Organization for conformation
3. A check made out to Arizona Corporation Commission for \$85.00 (\$50 for filing fees and \$35 for expedite service)

Please file the Articles and return a conformed copy to the Organizer at the Organizer's address as indicated. We would also appreciate it if you would fax a copy of the Articles to us once they are filed. Please FAX attn.: Entity Department Fax: (877) 974-7082.

Thank you for your help regarding this matter. If you have any questions, please do not hesitate to call.

Regards,

Entity Department – Workgroup Black
Guidant Financial Group, Inc.
E-mail: sdirasupport@guidantfinancial.com
Direct Line: 1.888.472.4455
Fax: 1.877.974.7082

Enclosures

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

Important: USE A SEPARATE COVER sheet for each document.

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

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

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

1. Type in Name: Bear Paws LLC

2. Filing Type: (Select Only One)

- | | | |
|-------------------------------------|--|----------|
| <input type="checkbox"/> | Articles of Domestication | \$100.00 |
| <input type="checkbox"/> | Articles of Incorporation (P) | \$ 60.00 |
| <input type="checkbox"/> | Articles of Incorporation (NP) | \$ 40.00 |
| <input checked="" type="checkbox"/> | Articles of Organization (LLC) | \$ 50.00 |
| <input type="checkbox"/> | Application For Authority (Business) | \$175.00 |
| <input type="checkbox"/> | Application to Conduct Affairs (NP) | \$175.00 |
| <input type="checkbox"/> | Application for New Authority | \$175.00 |
| <input type="checkbox"/> | Application for Registration | \$150.00 |
| <input type="checkbox"/> | Articles of Amendment | \$ 25.00 |
| <input type="checkbox"/> | Articles of Amendment & Restatement | \$ 25.00 |
| <input type="checkbox"/> | Articles of Correction | \$ 25.00 |
| <input type="checkbox"/> | Articles of Merger/Share Exchange | \$100.00 |
| <input type="checkbox"/> | Articles of Merger LLC | \$ 50.00 |
| <input type="checkbox"/> | Affidavit of Publication | No Fee |
| <input type="checkbox"/> | Other: | |

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 (\$35.00 extra)
- ☐ Expedite Certified Copies (\$35.00 extra)

4. Processing Type (Select One)

☒ **Expedited** (\$35.00) (Priority service, Additional Fee Per Document) Completed as soon as possible. View current processing times at <http://www.azcc.gov/Divisions/Corporations>

☐ **Regular** View current processing times at <http://www.azcc.gov/Divisions/Corporations>

5. Select Payment type:

☒ Check Amt 85.00 Check # _____

☐ Cash Amt _____

☐ MOD Amt _____ MOD # _____

☐ No fee required

☐ See attached distribution of funds instructions

6. Total Payment Type: \$ 85.00

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/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: GUIDANT FINANCIAL GROUP, INC. Attn: ADRIAN GENTRY

Address: 13122 NE 20TH STREET, SUITE 100

City, State, Zip: BELLEVUE, WA 98005

Pick-up by: _____

Date: _____

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