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**AZ CORPORATION COMMISSION  
FILED**

SEP 21 2011

**APPLICATION FOR REGISTRATION  
OF A FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to A.R.S. §29-802

**FILE NO. R-1672533-0**

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 trade name, attach a copy of the trade name certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the fictitious name. The resolution must be signed by a member or by a manager, whichever is applicable.

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

3. Provide the date on which your company was formed or organized in the state or country of formation.

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 signing the consent.

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

Shimmer LLC

1. a. If the exact name of the foreign limited liability company is not available for use in this state or does not meet the requirements of A.R.S. § 29-602, 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, USA  
(State or Country)

3. The date of the company's formation is: 06/21/2010

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

buy, sell, & refurbish commercial kitchen equipment

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

Marcus Bramhall

8303 N. 44th St., Ste. 14

Phoenix, AZ 85008

**ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT**

I, Marcus Bramhall, 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.

Signature

Shimmer LLC

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

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6. Check A or B to show which management structure will be applicable to your company. Provide name and address for each person, and check whether they are member, manager, or both.

7. If the state or country of formation does not require an address to be maintained, provide the street address of the statutory agent in the state or country of formation.

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

Attach a certificate of existence or document of similar import duly authenticated within 60 days of its delivery to the A.C.C. by the official having custody of corporate records in the state or country under whose laws the LLC is formed.

6. Management Structure (check A or B):

☒ **Management of the limited liability company is vested in a manager or managers.** Give the name and address of each and every manager AND of each and every member who owns a twenty percent or greater interest in the capital or profits of the limited liability company, and check off member and/or manager.

Name: Marcus Bramhall Name: \_\_\_\_\_  
[ ] member ☒ manager [ ] member [ ] manager  
Address: 8303 N. 44th St. Address: \_\_\_\_\_  
Suite 14

City, State, Zip: Phoenix, AZ 85008 City, State, Zip: \_\_\_\_\_

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

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

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

☐ **Management of the limited liability company is reserved to the members.**  
Give the name and address of each and every member.

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

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

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

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

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

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

7. Give the address of the office required to be maintained in the state or country of formation.

1201 Orange St. Ste. 600  
Wilmington, DE 19801

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Signature

Marcus Bramhall  
Print Name (check one) ☐ Member ☒ Manager ☐ Authorized Agent

PHONE: (602) 447-0304

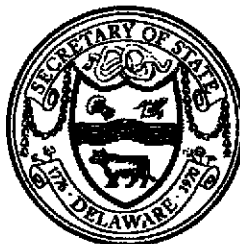
FAX: (602) 324-7564

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIMMER 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 TWELFTH DAY OF SEPTEMBER, A.D. 2011.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9021289

DATE: 09-12-11