AZ CORPORATION COMMISSION FILED

AZ Corp. Commission
04295594

MAY 0 9 2013

AZ CORPORATION COMMISSION FILED

FILE NO.-1-19458097

JUN 1 8 2013

FILE NO. 184 9809-7

110		!		
DO NOT WRITE ABOVE THIS				
	F ORGANIZAT			
	Instructions L010			
ENTITY TYPE - check only one to Indicate				
LIMITED LIABILITY COMPANY	PROFESSIONAL	LIMITED LIAB	SILTTY CC	MPANY
ENTITY NAME - see Instructions L010i for n	naming requireme	nts – give t	he exa	ct name of the
HONEY DOEK			•	
			1	to about and to
PROFESSIONAL LIMITED LIABILITY COM number 1 above, describe the professional services that	the professional LLC v	s — a protess viiti provide (환	ramples:	iaw firm,
accounting, medical):				
STATUTORY AGENT - see Instructions LOIL	01: 4.2 OPTION	VAL – mailing :	address !	n Arizona
4.1 REQUIRED – give the name (can be an individual or an entity) and physical	of State	itory Agent (C	an be a	P.O. Box):
or street address (not a P.O. Box) in Arizona of the statutory agent:				
ARBARA JEANNE THATCHER				
ory Agent Name	1			
ion (optional)	Attention (optional)			
63 W. CROOKED STICK DR	Address S			
BES 2 (optional)	Address 2 (optional)		T	
VISIT G-1V IND C State Zip	City		State	Zip
4.3 REQUIRED—the Statutory Agent Acceptance form M	1002 must be submitte	d along with t	hese Art	icles of Organizatio
ARIZONA KNOWN PLACE OF BUSINESS		&!		عطة كم حصيدات
5.1 Is the Arizona known place of business statutory agent? V Yes - go to nul	s address the sam mber 6 and contin	ie as the st we	Jeer 9	DOITHERS OF LIFE
	mber 5.2 and con			
_			addre	es (not a P.O.
5.2 If you answered "No" to number 5.1, Box) of the known place of business of	, give the physics of the LLC in Arizo	na:	. auun e	(not a river
DOM, OF THE PARTY				
Attention (optional)			-	
Address 1				
		 _		
Address 2 (optional)				

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MANAGER STRUCTURE ATTACHMENT

1. ENTITY	NAME – give the exa	ct name of th	e LLC (foreigr	1 LLC	s – give name in dom	icile stat	e or country):	
	HON	EV D	OERS		110			•
2. A.C.C. F	ILE NUMBER (if known, c.c.c. file number on the	ر سn): -	4-184	58	1097	//www.azo	cc.gov/Divisions	/Corporations
3. Check one box only to indicate what document the Attachment								
//	les of Organization cation for Registration	=	ticles of Amer ticles of Amer		nt nt to Application for R	eoistrati	on	
	-							_
20% or required	ers / members - g more of the profits of . Check the appropria needed, use another	or capital of thate box or box	ie LLC. Memb kes below eac	ers v h per	rho own less than 20° son listed <i>– do not ch</i>	% may a	lso be listed, l	out it is not
BARB	ARA JEANA	E THA	TCHER	K	EGINALI) 7	11	HATCH	E72
863	ARA JEANA W. (ROOKED	STICK	DR	Nam	863 W. (ROOM	KED S,	TICK DR
Address 1	•	•		Addr	ess 1			
Address 2 (option	al)			Addr	ess 2 (optional)			
City A A	ERANDE	State or Province	35122	City	ASA ERANI) }	State or Province	zip 85722
Country		or more mer		Cour			or more men	<u>-</u>
X Manager		than 20% me		I	Manager		than 20% me	
[,] Honage.								
			Name					
Name				110111	•			
Address 1			<u> </u>	Addı	ess 1			
Address 2 (option	al)]		Addi	ress 2 (optional)	· <u></u>		
City 1		State or	Zip	City			State or	Zip
City		Province	Σ,μ	""	·	-	Province	
Country	□ 20%	or more mer	nber	Cour	ntry	20%	or more mer	nber
Manager	=	than 20% me			Manager	Less	than 20% me	ember
Name			Name					
Address 1			Address 1					
Address 2 (option	nal)	<u> </u>		Add	ress 2 (aptional)			
City		State or	Zip	City			State or	Zip
		Province					Province	
Country	₩	or more mei		Cou		=	or more mer	1
Manager	□ Lecc	than 20% ma	ember	\Box	Manager	Less	than 20% me	ember

 6. DURATION – the duration or life period of the of the boxes is checked below and the correspo 	LLC is pr nding bia	resumed to be perp ink is filled in:	etual <i>ui</i>	niess one
The LLC's life period will end on this date: The LLC's life period will end upon the occurrence	of this ev	enter a date		e an event)
COMPLETE NUMBER 7 OR NUMBER 8 -	L010i - c	theck this box Wif m	nanageme	ent of the
LLC will be vested in a manager or managers, a Attachment form L040. The filing will be rejected. 8. MEMBER-MANAGED LLC – see Instructions Living will be reserved to the members, and complete form L041. The filing will be rejected if it is suit. 9. ORGANIZERS - list the name and address, a	ed if it is: <u>210i</u> – ch and atta omitted v and provi	eck this box if man ech the Member Structure without the attachme de the signature, of	ne attachi nagemeni cture Atta nt. I each an	ment . t of the LLC achment d every
organizer - minimum of one is required. If mo complete and attach the Organizer Attachment BARBARA JEANNE THATCHER Name 863 W. CROOKED STICK OR Address 1	re space	is needed, check this	S DOX [_]	and
Address 2 (options)	Address 2 (a	optional)	State	Z ₀
Chy CASA GRANDE 72- 85722 Country SIGNATURE - see Instructions 1010i: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.	By check acknowle together	URE - <u>see Instructions LO</u> king the box marked "I ac edge <i>under penalty of per</i> with any attachments is soon law.	cept" below	is document
Sarbara grante hat Signature BARBARA TEANNE THATHER 5/6/ Noted Harre 13	Signature Printed No	□ I ACC	EPT	Dete
IF STENING FOR AN ENTITY, CHECK ONE, FILL IN BLANK: Corporation as Organizer - 1 am signing as an officer or authorized agent of a corporation and its name is:		NG FOR AN ENTITY, CHECK orporation as Organize fficer or authorized agent ame ls:	r - I am sig	IN BLANK: Ining as an
LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:		LC as Organizar - I am s nanager, or authorized ago ompany , and its name is	ent of a lim	member, attad liability
Filing Fee: \$50.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.		Arizona Corporation Commo Corporate Filings Section 1300 W. Washington St., I 502-542-4100		izona 85007

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those methers that may partain to the individual needs of your business.

All documents filed with the Artsons Corporation Commission are public record and are open for public inspection.

37 you have questions after reading the instructions, please call 602-542-3026 or (within Artsons only) 300-345-5819.

DO NOT WRITE ABOVE THUS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	مطلا المسلمان والمراور والمراو
1.	ENTITY NAME - give the exact name in Arizona of the corporation or LLC that has appointed the
	Statutory Agent:
	Honey Doers LLC.
	The state of the s
_	A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ):
	Find the A.C.C. file number on the upper corner of filed documents OR on our website at: nttp://www.szcc.gov/zvristotav-corposaus-s
3.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>elther</i> an individual or an entity):
	3.1 Check one box: The statutory agent is an Individual (natural person).
	3.1 Check one box: The statutory agent is an Individual (natural person).
	☐ The statutory agent is an Entity .
	118 Statutory agent is an entersy.
51	ATUTORY AGENT SIGNATURE:
	By the signature appearing below, the individual or entity named in number 3 above
	accepts the appointment as statutory agent for the entity named in number 1 above, and
	acknowledges that the appointment is effective until the entity replaces the statutory agent of
	the statutory agent resigns, whichever occurs first.
	By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.
	Bartola Jeanne That Printed Name Dete
	. <u>Maccepi</u>
	- They was die
,	BULLANDE HARA JEANNE I TOFICHER 16/
\$	Printed Name Date
DE	COUTRED - check only one:
<u></u>	Individual as statutory agent: I am Entity as statutory agent: I am signing on behalf of the entity named as statutory agent.
ין ן	civaling ou negation washings the individual in perior Architecture, and any architecture.
	and I am authorized to act for that entity.
FI	lling Fee: none (regular processing) Mail: Artzona Corporation Commission - Corporate Filings Section
1 =	xpedited processing - (available only if this form is ubmitted by itself) add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007
Ā	If fees are nonrefundable - see Instructions. Fees are nonrefundable - see Instructions
	The state of the state of the same and the same and the same of th

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