AZ CORPORATION COMMISSION FILED

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OCT 2 9 2013

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MENO R: 1882830.1

FILE NO. R 1882830-1

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

Please read Instructions L025i

1.	ENTITY TYPE - check only one to indicate the type of entity applying for registration:						
		LIMIT	ED LIABILITY COMPANY	PROFESSIONAL LIMITED LIABILITY COMPANY			
2.			STATE OR COUNTRY OF	F FORMATION (FOREIGN NAME) — enter the exact, true			
	RL Se	ervice	es, LLC				
3.	NAME use in	T O E Arizo	BE USED IN ARIZONA Ina by checking 3.1 or 3.	(ENTITY NAME) - Identify the name the foreign LLC will 2 (check only one), and follow instructions:			
	3.1		Name in state or cou number 4 and continue	intry of formation, with no changes or additions - go to			
	3.2		formation is not available identifier, and enter the	eck this if the foreign LLC's name in its state or country of ble for use in Arizona or if that name does not contain an LLC e name in number 3.3 below. NOTE – a resolution of the fictitious name must be attached to and submitted with this			
	3.3	If '	you checked 3.2, enter	or print the name to be used in Arizona:			
4.	in nun	nber:	ONAL LIMITED LIABII 1 above, describe the pro law firm, accounting, m	LITY COMPANY SERVICES - If professional LLC is checked ofessional services that the professional LLC will provide redical):			
5 .	FORE Neva		DOMICILE — list the sta	ite or country in which the foreign LLC was formed:			
6.	DATE	OF F	FORMATION IN FOREIG	GN DOMICILE: 8/11/2010			
7.	foreig	n II C	or the general characte	TER OF BUSINESS – describe or state the purpose of the or of the business it proposes to transact in Arizona: and any and all lawful purposes under Arizona law.			

	ICKI MGLILI	TIT AUG	IZONA:				
ξ •	REQUIRED - given individual or an extract address of the statutory age	entity) aı (not a P.	nd <i>physical</i>	8.2 OPTIONAL - Mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):			
helton F							
Broke & volerr is	ante (serbagos)			•			
tention (optiona 109 E, Mair	•			Abtention (ptional)		
dress 1	Oddot			Address i			
dress 2 (option	al)	172	85251	Address 2 (optional)		
Scotts	-	AZ State	75p	City		State	7Jp
	<i>REQUIRED</i> — th this Application		itory Agent Accer gistration.	otance fo	rm M002 must l	oe submitt	ted along with
	Alterition (optional)						
		JE WA	Y SUITE 300			41	
	769 BASQU Address 1		Y SUITE 300		NV	[8	39706
	769 BASQU Address 1 Address 2 (optional) CARSON C				NV State or Province		39706 ^{(p}
.0. OPTIC 10.1	769 BASQU Address 1 Address 2 (optional) CARSON C City Country UNIT	CITY ED STAT	ES FOWN PLACE OF The place of busines int?	ess street go to the	State or Province ESS ADDRESS: address the sa	me as the continue.	street address
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10.1	769 BASQUAddress 1 Address 2 (optional) CARSON CONTROL UNIT COUNTRY UNIT COUNTRY If you answ Box) of the I BRAD HEB Attention (optional) 1750 S. W Address 1 Address 2 (optional) CEY	EDSTATIONA KNOWN agered "Inknown person pers	FS FOWN PLACE OF THE PLACE OF	ess street go to the complete .1, give t of the Li	State or Province ESS ADDRESS: address the same next page and number 10.2 and he physical or same control of the physical or same control or	me as the continue. Indicate address	str eet addres s e.

COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11.	MANAGER-MANAGED LLC - see Instructions 1.025i - check this box is if management of the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form 1.040. The filing will be rejected if it is submitted without the attachment.							
12.	LLC is reserved to	the members, a	nstructions L025i – check this bo nd complete and attach the <u>Men</u> ted if it is submitted without the	ber Structure Attachment				
13.	SIGNATURE:	By checking the of perjury that to compliance with	e box marked "I accept" below, I this document together with any Arizona law.	acknowledge <i>under penalty</i> attachments is submitted in				
Sign	366	HA	Brad Hebets	8/20/13				
REC	REQUIRED - check only one and fill in the corresponding blank if signing for an entity:							
	I am the individual Manag manager-managed LLC or signing for an entity man named:	Iam	I am a Member of this member- managed LLC or I am signing for an entity member named:	I am a duly authorized agent for this LLC.				

Filing Fee: \$150.00 (regular processing) Expedited processing - add \$35.00 to filing fee.	Mail:	Artzona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Artzona 85007
All fees are nonrefundable - see Instructions.	Fax:	602-542-4100

Please be edivised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your basiness.

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

If you have questions after reading the Instructions, please call 602-542-3028 or (within Artsona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY,

MANAGER STRUCTURE ATTACHMENT

1.	RL Services, LLC	xact name of	the LLC (foreig	m LLCs - gn	re name in dom	CIE Stau	e or country	y)-
2.	A.C.C. FILE NUMBER (if known): Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations							
3.	Check one box only to inc	licate what	document the	Attachme	nt goes with:			
	Articles of Organization Application for Registrati	ion .	Articles of Ame Articles of Ame	endment endment to A	application for R			
4.	MANAGERS / MEMBERS - 20% or more of the profits required. Check the approp space is needed, use another	i or capital of riate box or b	the LLC. Mem oxes below ea	bers who ov ch person lis	m less than 209	o may al	iso be listed	i, but it is noc
Bra	ad Hebets	James	Lyon					
	50 S WOODLANDS	6012 E	CALLE DE	L PAI	SANO			
ARYCH.	CD 1) ((1) - 11 - 11 - 11 - 11 - 11 - 11 - 11 -
	ess 2 (optional) AGSTAFF	AZ	86001	Scotts			AZ	85251
City	UNITED STATES	State or Province	2lp	City UN	ITED STATES		State or Province	Zip
Cour	ntry 7 20	% or more m	ember	Country 20% or more member				
Ø	Manager Les	s than 20% r	nember	Manager Less than 20% member				
То	dd Gillenwater				s Locati			
_{Наг}	12 N TILLIE LN	Name 17207 N PERIMETER DR #120						
	rese X			Address 1			-	
	ress 2 (optional)	AZ	86001	Address 2 (d	-		AZ	85255
City	AGSTAFF UNITED STATES	State or Province	230	City r	ITED STATES		State or Province	Zip
Cou	ntry 🗸 20	Country		Territoria.	6 or more n			
	Manager Le	Mana	ger	Less	than 20%	member		
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City	UNITED STATES	aty [State or Province	Ziρ		
ट्य	Country 20% or more member				Country 20% or more member			
L	Manager Le	ss than 20%	member	Manager Less than 20% member				

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:						
	RL Services, LLC						
2.	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: http://www.azcc.gov/Divisions/Corporations						
3.	STATUTORY AGENT NAME - give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity):						
	Shelton L. Freeman						
	3.1 Check one box: The statutory agent is an Individual (natural person). The statutory agent is an Entity.						
ST	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 or 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.						
	Shelton L. Freeman 11-5-13						
Sig	Signature Printed Name Date						
RE	QUIRED - check only one:						
•	Individual as statutory agent: I am signing on signing on behalf of myself as the individual behalf of the entity named as statutory agent, and I am authorized to act for that entity.						
Ex	Ing Fee: none (regular processing) Addeduction processing - (available only if this form is abmitted by itself) add \$35.00 to filing fee. If fees are nonrefundable - see Instructions. Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100						

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

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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RL SERVICES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 11, 2010, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20131105-2766
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 5, 2013.

ROSS MILLER Secretary of State