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AZ CORPORATION COMMISSION  
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FILE NO. L-1891806-2FILE NO. L-1891806-2

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR A/C USER ONLY.

**ARTICLES OF ORGANIZATION**

Read the Instructions L010i

1. **ENTITY TYPE** - check only one to indicate the type of entity being formed:

☒ LIMITED LIABILITY COMPANY☐ PROFESSIONAL LIMITED LIABILITY COMPANY

2. **ENTITY NAME** - see Instructions L010i for naming requirements - give the exact name of the LLC:

EL CAMINO AGENCY LLC

3. **PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** - If professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

4. **STATUTORY AGENT** - see Instructions L010i:

4.1 **REQUIRED** - give the name (can be an individual or an entity) and *physical* or *street* address (not a P.O. Box) in Arizona of the statutory agent:

RITA VILLEGAS VASQUEZ

Statutory Agent Name

4.2 **OPTIONAL** - mailing address in Arizona of Statutory Agent (can be a P.O. Box):

Attention (optional)

4340 S 15TH ST

Address 1

Attention (optional)

Address 1

Address 2 (optional)

City PHOENIX

AZ

State

85040

Zip

Address 2 (optional)

City

State

Zip

4.3 **REQUIRED** - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

- 5.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent? ☒ Yes - go to number 6 and continue

☐ No - go to number 5.2 and continue

- 5.2 If you answered "No" to number 5.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		



**6. DURATION** - the duration or life period of the LLC is presumed to be perpetual unless one of the boxes is checked below and the corresponding blank is filled in:

- ☐ The LLC's life period will end on this date: \_\_\_\_\_ (enter a date)
- ☐ The LLC's life period will end upon the occurrence of this event \_\_\_\_\_ (describe an event)

**COMPLETE NUMBER 7 OR NUMBER 8 - NOT BOTH.**

- 7. MANAGER-MANAGED LLC** - see Instructions L0101 - check this box ☐ If management of the LLC will be vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment.
- 8. MEMBER-MANAGED LLC** - see Instructions L0101 - check this box ☒ If management of the LLC will be reserved to the members, and complete and attach the Member Structure Attachment form L041. The filing will be rejected if it is submitted without the attachment.
- 9. ORGANIZERS** - list the name and address, and provide the signature, of each and every organizer - minimum of one is required. If more space is needed, check this box ☐ and complete and attach the Organizer Attachment form L042.

Name		
Address 1		
Address 2 (optional)		
City	State	Zip
Country		

**SIGNATURE** - see Instructions L0101.

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.

☒ I ACCEPT

Signature: Rita Villegas Vasquez  
 Printed Name: Rita Villegas Vasquez Date: 12/2/13

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

- ☐ Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is: \_\_\_\_\_
- ☐ LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is: \_\_\_\_\_

Name		
Address 1		
Address 2 (optional)		
City	State	Zip
Country		

**SIGNATURE** - see Instructions L0101.

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.

☐ I ACCEPT

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

- ☐ Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is: \_\_\_\_\_
- ☐ LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is: \_\_\_\_\_

Filing Fee: \$50.00 (regular processing)  
 Expedited processing - add \$35.00 to filing fee.  
 All 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.

All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.

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



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

**MEMBER STRUCTURE ATTACHMENT**

1. **ENTITY NAME** -- give the exact name of the LLC (foreign LLCs - give name in domicile state or country):

EL CAMINO AGENCY LLC

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 indicate what document the Attachment goes with:



Articles of Organization



Articles of Amendment



Application for Registration



Articles of Amendment to Application for Registration

4. **MEMBERS** -- give the name and address of all Members. If more space is needed, use another Member Structure Attachment form.

<b>RITA VALLEGAS VASQUEZ</b>							
Name <b>4340 S 15TH ST</b>				Name			
Address 1				Address 1			
Address 2 (optional) <b>PHOENIX</b>		<b>AZ</b>		<b>85302</b>		Address 2 (optional)	
City		State or Province		Zip		City	
Country <b>UNITED STATES OF AMERICA</b>						Country	
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province		Zip		City	
Country						Country	
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province		Zip		City	
Country						Country	



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

**STATUTORY AGENT ACCEPTANCE***Please read Instructions M002!*

1. **ENTITY NAME** - give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

EL CAMINO AGENCY 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):

RITA VILLEGAS VASQUEZ

- 3.1 **Check one box:** ☒ The statutory agent is an **Individual** (natural person).  
☐ The statutory agent is an **Entity**.

**STATUTORY 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.

☒ I ACCEPTRita Villegas Vasquez  
SignatureRita Villegas Vasquez  
Printed Name12/12/13  
Date**REQUIRED** - check only one:☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)

Expedited processing - (available only if this form is submitted by itself) add \$35.00 to filing fee.

All 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.

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

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





**COMMISSIONERS**  
BOB STUMP - Chairman  
GARY PIERCE  
BRENDA BURNS  
BOB BURNS  
SUSAN BITTER SMITH

**ARIZONA CORPORATION COMMISSION**

**JOEL JERICH**  
Executive Director

**PATRICIA L. BARFIELD**  
Director  
Corporations Division

**EL CAMINO AGENCY LLC**  
**RITA VILLEGAS VASQUEZ**  
**4340 S 15TH ST**

**PHOENIX, AZ 85040**

Effective Date: 12/16/2013  
File No: L-1991806-2

Thank you for delivering documents for filing with the Arizona Corporation Commission. Unfortunately, we are returning the enclosed document regarding the above-referenced corporation/limited liability company for the following reasons:

The filing fee has been deposited.

The statutory agent name must be listed on the Statutory Agent Acceptance form section 3.

\*\*\*\*\*IMPORTANT\*\*\*\*\*  
Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division:

1. A copy of this letter and the rejected document.
2. The corrected document accompanied by any additional paperwork or filing fees, as requested within this letter.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026. or Arizona residents only may use the toll free number 800-345-5819.

**TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE**



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TO WWW.AZCC.GOV/DIVISIONS/CORPORATIONS, THEN CLICK ON THE LINK TO SEARCH FOR YOUR ENTITY. ON YOUR ENTITY'S PAGE, CLICK ON THE BUTTON FOR "SUBSCRIBE TO ANNUAL REPORT EMAIL REMINDER." IF YOU CHOOSE NOT TO SUBSCRIBE YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

FIL: 001  
REV. 12/2012



# **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: EL CAMINO AGENCY LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	\$100.00	\$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	\$ 60.00	\$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	\$ 40.00	\$ 75.00
<input checked="" type="checkbox"/> Articles of Organization (Limited Liability Company)	\$ 50.00	<input checked="" type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	\$175.00	\$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	\$175.00	\$210.00
<input type="checkbox"/> Application for New Authority	\$175.00	\$210.00
<input type="checkbox"/> Application for Registration	\$150.00	\$185.00
<input type="checkbox"/> Articles of Amendment	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Correction	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	\$100.00	\$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Affidavit of Publication	\$ 0.00	\$ 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 checked="" 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:**

**DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!**

**\$95**

☒ Check

Check # 1802

Check Amount \$ 95.00

☐ M.O.D. Account

MOD Acct # \_\_\_\_\_

Mod Amount \$ \_\_\_\_\_

☐ Cash -- for in-person filings only (Do not send cash in the mail.)

Cash Amount \$ \_\_\_\_\_

☐ Credit Card -- for in-person filings only

CC Amount \$ \_\_\_\_\_

☐ No fee required

**REQUIRED - SELECT ONE RETURN DELIVERY OPTION:** ☐ Mail ☐ Pick Up ☐ Fax # ( )

☒ E-mail: EL.CAMINO.AGENCY@GMAIL.COM

For Mail or Pick Up - 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 ONE WEEK).

Person or Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**PICK-UP BY: \_\_\_\_\_ FOR ARIZONA CORPORATION COMMISSION USE ONLY DATE: \_\_\_\_\_**

View current process times at: [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations)

