## AZ CORPORATION COMMISSION

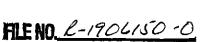
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#### AZ CORPORATION COMMISSION FILED

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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:					
	■ LIMITED LIABILITY COMPANY PROFESSIONAL LIMITED LIABILITY COMPANY					
2.	NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME) - enter the exact, true name of the foreign LLC:					
	JUMPSUIT COMMERCE LLC					
3.	NAME TO BE USED IN ARIZONA (ENTITY NAME) – Identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:					
	3.1 Name in state or country of formation, with no changes or additions – go to number 4 and continue.					
	<b>Fictitious name</b> – check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LL identifier, and enter the name in number 3.3 below. <b>NOTE</b> – a resolution of the company adopting the fictitious name must be attached to and submitted with this form.					
	3.3 If you checked 3.2, enter or print the name to be used in Arizona:					
4.	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):					
5.	FOREIGN DOMICILE - list the state or country in which the foreign LLC was formed:  Delaware					
6.	DATE OF FORMATION IN FOREIGN DOMICILE: 15/1/2014					
7.	PURPOSE OR GENERAL CHARACTER OF BUSINESS – describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona: MERCHANT SERVICE					

8. STATUTORY AGENT IN ARIZONA:							
8.1 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:				8.2 OPTIONAL statutory age (can be a P.O	ent, if different fi	ess in Arizona of rom street address	
AARON	DRAGUSHAN						
Statutory Agent Name (required)							
Attention (optional) 321 N VERDE STREET				Attention (optional)			
Address 1		Address 1					
Address 2 (option	onal)	AZ	86001	Address 2 (optional)			
City FLAGSTAFF State Zip				City	State	Zip	
8.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Registration.							

9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS - <u>see Instructions</u>
<u>L025i</u> - give the **physical or street address** (not a P. O. Box) of the foreign LLC required to be maintained in its state of organization, or, if not so required, of the foreign LLC's statutory agent in its state or country of organization:

Attention (optional)							
1679 S. DUPONT HIGHWAY SUITE	100						
Address 1							
Address 2 (optional)	DE.	10001					
DOVER	DE	19901					
UNITED STATES	State or Province	Zip					
Country							

#### 10. OPTIONAL - ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

- Is the Arizona known place of business street address the same as the **street address** of the statutory agent? Yes go to the next page and continue.

  No complete number 10.2 and continue.
- 10.2 If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

tention (optional)		No. of the last of
21 N VERDE STREET		
dress 1		
ddress 2 (optional)	<u> </u>	
FLAGSTAFF	AZ	86001
UNITED STATES	State or Province	Zfp
Country		

#### COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

- 11. MANAGER-MANAGED LLC - see Instructions L025i - check this box [ ] if management of the LLC is 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.
- MEMBER-MANAGED LLC see Instructions L025i check this box If management of the 12. LLC is 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.
- By checking the box marked "I accept" below, I acknowledge under penalty SIGNATURE: 13. of perfury that this document together with any attachments is submitted in compliance with Arizona law.

	✓ I ACCEPT	
lan	ABRAHAM CHAZANOW	
Schatore	Printed Name	Data

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

I am the Individual Manager of this manager-managed LLC or I am signing for an entity manager named:	I am a Member of this member- managed LLC or I am signing for an entity member named:	1 am a duly authorized agent for this LLC.

Control of the contro		
Filing Fee: \$150.00 (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing - add \$35,00 to filing fee.		1300 W. Washington St., Phoenix, Anzona 85007
All fees are nonrefundable - see Instructions	Fave	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.

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):  JUMPSUIT COMMERCE LLC							
2.	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.	Articles of Organization Application for Registratio	☐ Ar	ticles of Ame	ndment	o Application for Registra	tion		
4.	MEMBERS – give the name a Attachment form.	ind address of	f all Member	s, If inor	e space is needed, use a	nother <u>Memb</u>	er Structure	
AB	RAHAM CHAZANOW			AAR	ON DRAGUSHAN			
Namo		ND 172		Nama 221	N VEDDE ST			
Addre	<u>-217 NANI KAILUA D</u>	JK, 1/3		Address 1	N VERDE ST			
	ss 2 (optional)		06740	5	(aptional)		0.5004	
KA City	ILUAKONA	HI State or	96740	City	STAFF	AZ State or	86001	
Count	UNITED STATES 🔽	Province		Country	UNITED STATES	Province		
Name				Name			•	
Addre	59 1			Address 1		-	· · · · · · · · · · · · · · · · · · ·	
Addre	ss 2 (optional)			Address 2	? (optional)	1	<u> </u>	
City	.ny	State or Provinco	Zip	City		State or Province	Zip	
Name				Name				
Addre	ss i		·	Address I			·	
Addre	ss 2 (optional)			Address 2	(optional)			
City	~ <u>¥</u>	State or Province	Zip	City		State or Province	Zĺp	

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#### STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	<b>ENTITY NAME</b> – give the <b>exact</b> name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):					
	JUMPSUIT COMMERCE 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: <a href="http://www.azcc.gov/Divisions/Corporations">http://www.azcc.gov/Divisions/Corporations</a>					
3.	<b>STATUTORY AGENT NAME</b> – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match <b>exactly</b> the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:					
	AARON DRAGUSHAN					

#### STATUTORY AGENT SIGNATURE:

All fees are nonrefundable - see Instructions.

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 appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

7	AAR	ON DRAGUSHAN	3/11/14
Signature P	Printed M	ame	/ Date
REQUIRED - check only one:			
Individual as statutory agent: I am signing on behalf of myself as the individu	ıal	Entity as statutory agent behalf of the entity named and I am authorized to act	as statutory agent,
Filing Fee: none (regular processing)  Expedited processing - (available only if this form is submitted by itself) add \$35.00 to filing fee.	Mail	1300 W. Washington St., Phoenix,	

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Fax:

602-542-4100

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JUMPSUIT COMMERCE 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 FIFTH DAY OF MARCH, A.D. 2014.

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140285046

You may verify this certificate online at corp. delaware.gov/authver.shtml

AUTHENTY CATION: 1181708

inglification.

DATE: 03-05-14