AZ CORPORATION COMMISSION FILED

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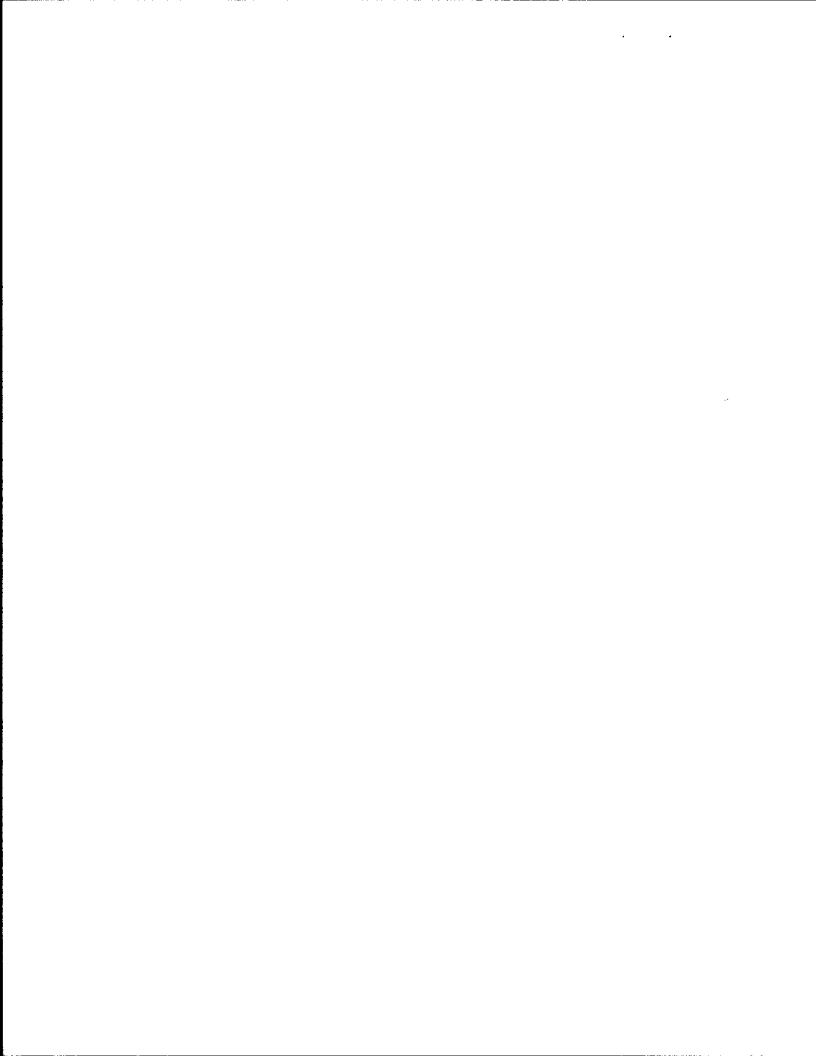
AZ CORPORATION COMMISSION

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CIPALICS VICTOR AGENCY LLC. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES — it professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical): STATUTORY AGENT — see Instructions LOIO! 4.1 REQUIRED — give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Artzona of the statutory agent: Or the statutory agent: Advers 1 Advers 2 Accounted Accounting Agent (can be a P.O. Box): Afterden (optional) ROCIA Agent L Advers 2 Accounted accounting with these Articles of Organization. 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? No — go to number 5.2 and continue No — go to number 5.2 and continue 1 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: Address 1	ENT	ITY NAME see	Instruction	s i Otoi far				
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4.3 REQUIRED—the Statutory Agent Acceptance form MOOZ must be submitted along with these Articles of Organization. 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 (appoint) Attention (appoint) Address 1 Address 7 (optional) City State of 7 to 10 t	rs ((option	nal)	,	·,				
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Is the Arizona known place of business address the same as the street address of the statutory agent? Yes - go to number 5.2 and continue No - go to number 5.2 and continue 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 (Special) 8494 N - 37th Ave Address 1 Address 1 Address 2 (Special) State of Times (Special)	ARIZ	ONA KNOWN PL	ACE OF BII	SINESS A	Andres.			
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Community of the second		City T-	····	-				ĺ
		Country	hoenix		Stale o Praying	47 Zip X	SOFI	

of the boxes is checked below and the corre	the LLC is presumed to be perpetual <i>unless</i> one sponding blank is filled in:
The LLC's life period will end on this date:	(enter a data)
The LLC's life period will end upon the occurr	ence of this event
	(describe an event)
COMPLETE NUMBER 7 OR NUMBER 8	- NOT BOTH.
rec will be sested in a filaliage of Wallagen	ins L010i - check this box if management of the s, and complete and attach the Manager Structure ected if it is submitted without the attachment.
 MEMBER-MANAGED LLC - <u>see Instruction</u>; will be reserved to the members, and complete form L041. The filing will be rejected if it is 	s <u>L010i</u> - check this box if management of the LLC ete and attach the <u>Member Structure Attachment</u> submitted without the attachment.
 ORGANIZERS - list the name and address organizer - minimum of one is required. If a complete and attach the <u>Organizer Attachme</u> 	s, and provide the signature , of each and every more space is needed, check this box and and antiferror 1042.
Ohalys Victore.	
8436 N. 37th Ave.	Narie
Address 1	Address 1
Address 2 (optional)	
Phoenix AZ 8505/	Address 2 (optional)
City State Zip	City State Zip
Country	Country
SIGNATURE - see Instructions (Q1Qi:	SIGNATURE - See Instructions LO10:
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 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	I ACCEPT
Signature Challes West	Signature
Ohalys Victore 12/30/2013 Printed Name Date	Printed Name
IF SIGNING FOR AN ENTITY, CHECK ONE, FXIL IN SLANK;	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:	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: Oholus Victore Agency LLC.	Li.C as Organizer - I am signing as a member, manager, or authorized agent of a limited Nability company, and its name is:
vnalys victore rigericy, all	1
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 uninfirmum provisions required by statute. You should seek private the individual needs of your business. All documents filed with the Artzona Corporation Commission are public record and are open for public inspection. If you have questions after reading the Instructions, please cell 602-542-3026 or (within Artzona only) 800-345-5819. private legal coursel for those matters that may pertain to

L010,001 Rev: 2010



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

MEMBER STRUCTURE ATTACHMENT

1. ENTITY NAME - give the	exact name o	f the LLC (fore	ign LLCs -	- give name in domicile s	state or count	гу):
Onalys Victo	re Ager	icu LLO	2	·		
	77	11				7
2. A.C.C. FILE NUMBER (if k	novid).					
2. A.C.C. FILE NUMBER (if k Find the A.C.C. file number on	the upper corne	er of filed docum	ents OR on	our website at: http://www.	.azcc.gov/DivIsI	ons/Corporations
3. Check one box only to in	dicate what	document th	e Attachi	ment goes with:		
Articles of Organization		Articles of Am		-		
Application for Registra	=			to Application for Registra	ation	
-						
4. MEMBERS - give the name	and address	of all Membe	rs. If mov	re snare is needed luse :	inother Mamb	or Structure
Attachment form.	, and BBa. cos	0. 2		e space is needed, use a	modici <u>Fierrio</u>	er <u>Structure</u>
_			<u></u>			
Ohalys Victore 8436 N 37th Av		:				
Name /	~		Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address 1	<u> </u>		Address 1			
Address 2 (optional) Phoenix	AZ	85051	Address 2	(optional)		
City	- State or Province	Zip	City		State or	ZIp
country United States	Province		Country		Province	
,						
Name			Name			
Address 1			Address 1		 	
Address 2 (optional)			Address 2	(optional)		
City	- State or	Zip	City		- State or	Žip
Country	Province		Country		Province	
			ļ			
Name			Name		7,741.401.	
Address 1	 		Address 1			
Address 2 (optional)			Address 2 (optional)		
City	State or	Zip	City		State or	Zip
Country	Province				Province	

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions MOO2i

1.	ENTI	TY NAME - give the	xact name in /	Arizo	na of the corporation or LLC tha	it has appointed the
	Statu	tory Agent: s Victore Agency LLC				
2.	A.C.C	. FILE NUMBER (if en	tity is already inco	rporat	ed or registered in AZ): OR on our website at: http://www.azcc.gov/	
3.	STAT	UTORY AGENT NAM	E – give the ex	act r	ame of the Statutory Agent appler an individual or an entity):	
		s Victore			an manifold of an energy.	
	3.1	Check one box:			agent is an Individual (natura agent is an Entity .	person).
ST	OTUTA	RY AGENT SIGNATU	RE:			
	accepts acknow the sta	s the appointment as a dedges that the appoint tutory agent resigns, t	itatutory agent ntment is effec whichever occu	for tive rs fir		bove, and outory agent or
	docum	ent together with any	Ti accept being attachments is	w, 1 sub	acknowledge <i>under penalty of p</i> mitted in compliance with Arizon	<i>perjury</i> that th <i>i</i> s na law.
			7	I AC	CEPT	
Sinc	C	Tha In)haly	s Victore	12/30/2013
-		D - check only one:	r;	HEER IN	ST THE	Date
<u></u>		idual as statutory ag g on behalf of myself a		.1	Entity as statutory agent behalf of the entity named and I am authorized to act	as statutory agent.
Exp sub	edited pr unitted t	none (regular processing) ocessing – (available only by itself) add \$35.00 to fill conrefundable - see Instruct	ng fee.	Mail: Fax:	Arizona Corporation Commission - 0 1300 W. Washington St., Phoenix, A 602-542-4100	Corporate Filings Section Arizona 85007

s logal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Artrana 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) 800-345-5839.



COMMISSIONERS
BOB STUNP - Chairman
GARY PIERCE
BRENDA BURNS
BOB BURNS
SUSAN BITTER SMITH



ARIZONA CORPORATION COMMISSION

JODI JERICH Executive Director

PATRICIA L. BARFIELD Director Corporations Division

OHALYS VICTORE AGENCY LLC OHALYS VICTORE 8436 N 37TH AVE

PHOENIX, AZ 85051

Effective Date: 03/20/2014 File No: L-1894630-8

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 document type on the Manager/Member Structure Attachment must be consistent with the documents being filed.
-As previously requested the box selected in section 3 on the Member Structure Attachment must be corrected.

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 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

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

PLEASE COMPLETE ALL APPROPRIATE SECTIONS	nge to existing entity	Re-submission/Correction
Type in Corp/LLC Name: Ohalys Victore Agency LLC FILING TYPE	REGULAR SERVICE	EXPEDITED SERVICE
Articles of Domestication	FEE	FEE
Articles of Incorporation (Profit)	\$100,00	\$135.00
Articles of incorporation (Non Profit)	\$ 60.00	\$ 95.00
✓ Articles of Organization (Limited Liability Company)	\$ 40.00 \$ 50.00	\$ 75.00
Application For Authority (Business)	\$175.00	\$ 85.00
Application to Conduct Affairs (Non Profit)	\$175.00	\$210.00
Application for New Authority	\$175.00	\$210.00 \$210.00 ESTIVED
Application for Registration	\$150.00	2210.00
Articles of Amendment	\$ 25.00	\$185.00 JAN 8 1 2014
Articles of Amendment & Restatement	\$ 25.00	\$ ARIBONA CORP. COMMISSIO
Articles of Correction	\$ 25.00	\$ 66.00PORATIONS DIVISION
Articles of Merger/Share Exchange	\$100.00	\$135.00
Articles of Merger (Limited Liability Company)	\$ 50.00	\$ 85.00
Affidavit of Publication	\$ 0.00	\$ 35.00
CORPORATIONS -Certified Copies* "If copies are for different entities the Expedite fee applies to each entity	\$5.00 Each	\$40.00 (Enter Quantity)
LLCs - Certified Copies* "If copies are for different entities the Expedite fee applies to each entity	\$10.00 Each	\$45.00 () (Enter Quantity)
Good Standing Certificate* "If Good Standing Certificates are for different entities the Expedite los applies to each entity	\$10.00 Each () (Enter Quantity)	\$45.00 (Enter Quantity)
Other:	Regular Fee	Expedite Fee
SELECT PAYMENT TYPE: DO NOT WRITE YOUR CRE	DIT CARD NUMBER ON TH	IS FORM!
Check Check #	Check Amo	unt \$
M.O.D. Account MOD Acct #	Mod Amour	nt \$
Cash - for in-person filings only (Do not send cash	in the mail.) Cash Amou	ant \$
✓ Credit Card for in-person filings only	CC Amount	\$
No fee required		
REQUIRED - SELECT ONE RETURN DELIVERY OPTION:	Mail Pick Up	Fax # ()
☑ E-mail: ohalys.victore@gmail.com		
For Mail or Pick Up - Please list the person or company wh	o will be picking up the cor	mpleted documents.
DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN		
Person or Company Name:	Phone	Number:
Phalys Victore		
Address:		
436 N 37th Ave		
City: State:	—	
	Zip	
hoenix Arizona	85051	
PICK-UP BY:		
View current process times at year	arms now/Divisions/Companies	