

AZ CORPORATION COMMISSION
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AZ Corp. Commission



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FILE NO. R18939030

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AZ CORPORATION COMMISSION

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**APPLICATION FOR REGISTRATION
OF FOREIGN LIMITED LIABILITY COMPANY**

APR 17 2014

Please read Instructions L025i

FILE NO. R18939030

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:

TRAIT ROTH, 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.

3.2 ☐ Fictitious name - 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 LLC identifier, and enter the name in number 3.3 below. **NOTE** - a resolution of the company adopting the fictitious name must be attached to and submitted with this form.

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- 3.3 If you checked 3.2, enter or print the name to be used in Arizona:

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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:

Nevada

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** September 4, 2013

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:

Real estate rental and a training facility.

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** - Mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):

Statutory Agent Name (required) Robyn Roth		Attention (optional) Robyn Roth	
Address 1 1170 Meghans Rd.		Address 1 P.O. Box 4380	
Address 2 (optional) City Camp Verde State Az. Zip 86322		Address 2 (optional) City Camp Verde State Az. Zip 86322	
8.3 REQUIRED - the Statutory Agent Acceptance form #002 must be submitted along with this Application For Registration.			

- 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** - see *Instructions L0251* - 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:

TRAAIL ROTH LLC		
Attention (optional) 421 Baker St.		
Address 1		
Address 2 (optional)		
City Pawthorne	State or Province NV.	Zip 89415
Country USA		

10. OPTIONAL - ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

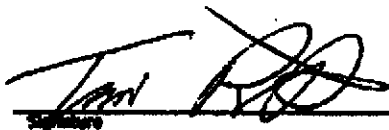
- 10.1** Is the Arizona known place of business street address the same as the street address of the statutory agent? ☐ Yes - go to the next page and continue.
☐ No - complete number 10.2 and continue.
- 10.2** If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Robyn Roth		
Attention (optional) 248 General Crook Trail		
Address 1		
Address 2 (optional)		
City Camp Verde	State or Province Az.	Zip 86322
Country USA.		

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.*
12. **MEMBER-MANAGED LLC** – see *Instructions L025I* – check this box ☒ if management of the 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.*
13. **SIGNATURE:** 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

Tim Roth
Printed Name

12/17/13
Date

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

<input type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input checked="" type="checkbox"/> I am a duly authorized agent for this LLC.
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Filing Fee: \$150.00 (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
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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.

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MEMBER STRUCTURE ATTACHMENT

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

TRAIT ROTH, 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.

Robyn Roth				Tim Roth			
Name				Name			
1170 Meghans Rd.				1170 Meghans Rd.			
Address 1				Address 1			
Address 2 (optional)		Az		86322		Address 2 (optional)	
Camp Verde		State or Province		Zip		Camp Verde	
City		USA		City		USA	
Country				Country			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province		City		State or Province	
Country				Country			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province		City		State or Province	
Country				Country			

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002J

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

TRAIT ROTH, 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):

Robyn Roth

- 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 ACCEPT
Printed Name: Robyn Roth Date: 10/15/13

REQUIRED – check only one:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual | <input type="checkbox"/> 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.

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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, **TRAIT ROTH, 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 September 4, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 8, 2014.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140508-0441
You may verify this electronic certificate
online at <http://www.nvsos.gov/>