ARIZONA CORPORATION COMMISSION
FILED

AZ CORPORATION COMMISSION FILED

AZ Corp. Commission

AUG 1 8 2014

FILENO. R. 1946597.2

AUG 2 6 2014

FILE NO. R. 1946597.2

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

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

Please read Instructions L025i

1.	ENTIT	Y T	/PE – check only one t	o indicate the type of entity applying for registration:				
		цип	ED LIABILITY COMPANY	PROFESSIONAL LIMITED LIABILITY COMPANY				
2.			STATE OR COUNTRY OF foreign LLC:	F FORMATION (FOREIGN NAME) — enter the exact, true				
	R-XS,	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		ntry of formation, with no changes or additions – go to					
	3.2		formation is not available identifier, and enter the	ck this if the foreign LLC's name in its state or country of ole 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 num	ber 1		JTY COMPANY SERVICES - if professional LLC is checked ofessional services that the professional LLC will provide edical):				
5.	FOREI	GN E	DOMICILE - list the stat	te or country in which the foreign LLC was formed:				
Nevada								
5 .	DATE OF FORMATION IN FOREIGN DONICILE: 09/03/2013							
7.	foreign	LLÇ	or the general character	TER OF BUSINESS - describe or state the purpose of the of the business it proposes to transact in Arizona: ent Production & Distribution				

	;	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 addres (can be a P.O. 8ox):				
	is Gal								
Statut	iory Agent R	विहरू (स्टब्स्निस्ट्री)							
	on (optional S. Alto	•			Attention (a	ptional)			
Addre		WII46	·		Address 1				
Addres	s 2 (options	si)	ΙΑΖ	85282	Address 2 (c	pti onal)			
City	Temp	•	State	Zip	Oity	·····		tate	Zip
	E.3	<i>REQUIRED</i> — t this Applicatio	the Statu n For Rec	tory Agent Acce	<u>ptance</u> for	m M002 mu	ist be sub	mitted	along with
9.	L <u>025i</u> mainta	csc Servi	ysical or te of organize of organize ces of N	levada	s (not a P.	O. Box) of	the foreig	n LLC	required to be
		Address i							
		Address 2 (aptional	•			NV		891	19
		Address 2 (aptions) Las Vegas	•		<u> </u>	NV State or Province		891	119
10.	OPTIG 10.1	Address 2 (aptional Las Vegas Cky UNI) Country UNI)	ED STATES	OWN PLACE OF place of businest?	BUSINE ss street a	State or Province	same as t	ne str	
10.		Address 2 (aptional Las Vegas Cky JUNIII) Country JUNIII INAL - ARIZO Is the Arizor of the statut	ONA KNO	OWN PLACE OF place of businest?	BUSINE ss street a to the n complete r	State or Province SS ADDRES address the lext page ar number 10.2 e physical o	same as to continue and continue and continue and continue and continue are according to the continue and con	zin ine str ie.	eet address
10.	10.1	Address 2 (aptional Las Vegas Cky JUNIII) Country JUNIII INAL - ARIZO Is the Arizor of the statut	ONA KNO na known fory agen rered "no known pl	place of busine t?	BUSINE ss street a to the n complete r	State or Province SS ADDRES address the lext page ar number 10.2 e physical o	same as to continue and continue and continue and continue and continue are according to the continue and con	zin ine str ie.	eet address
10.	10.1	Address 2 (aptional Las Vegas Cky JUNII) Country JUNII INAL - ARIZO Is the Arizor of the statut If you answ Box) of the	ONA KNO na known fory agen rered "no known pl	place of busine t?	BUSINE ss street a to the n complete r	State or Province SS ADDRES address the lext page ar number 10.2 e physical o	same as to continue and continue and continue and continue and continue are according to the continue and con	zin ine str ie.	eet address
10.	10.1	Address 2 (aptional) Las Vegas City Country UNIT Country UNIT Country Is the Arizor of the statut If you answ Box) of the	ONA KNO na known ory agen rered "no known pl	place of busine t?	BUSINE ss street a to the n complete r	State or Province SS ADDRES address the lext page ar number 10.2 e physical o	same as to continue and continue and continue and continue and continue are according to the continue and con	zin ine str ie.	eet address

ín

COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11,	MANAGER-MANAGED LLC – <u>see Instructions L025!</u> – check this box [] if management of the LLC is vested in a manager or managers, and complete and attach the <u>Manager Structure</u> <u>Attachment form L04Q</u> . The filing will be rejected if it is submitted without the attachment.								
12,	MEMBER-MANAGED LLC – <u>see Instructions LO25i</u> – check this box [a] If management of the LLC is reserved to the members, and complete and attach the <u>Member Structure Attachment</u> form LO41. 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						
			Chris Gallardo)	08/13/2014				
Signi REQ	REQUIRED – check only one and fill in the corresponding blank if signing for an entity:								
r 5	am the individual Manaq nanager-managed LLC or ligning for an entity mar named:	riam	I am a Member of this member- managed U.C or I am signing for an entity member named: I am a duly authorize agent for this LLC.						

Filing Fee: \$150.00 (regular processing)	Mall:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing - add \$35.00 to filing fee.		1300 W. Washington St., Phoenix, Arizona 85007
Ali fees are nonrefundable - see Instructions.	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) 800-345-3819.

		İ						
	DO NOT WATTE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.	,						
	STATUTORY AGENT ACCEPTANCE Please read Instructions M0021							
1.	ENTITY NAME — give the exact 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): R-XS, LLC	3						
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 wabsite 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). NOTE - the name must match exactly 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:							
	Chris Gallardo							
ST	TUTORY 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 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.							
	Chris Gallardo 08/05/2014							
-,	QUIRED - check only one:							
	Individual as statutory agent: I am 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.							

Phase to 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.

Mall:

Fax:

602-542-4100

Filing Fee: none (regular processing)

All fees are nonrefundable - see Instructions.

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

Arizona Corporation Commission - Corporate Filings Section

1300 W. Washington St., Phoenix, Arizona 85007

		<u> </u>
and the same of th	كاللساد فأجروا ليبر المصيح ومرادي ويطاله وبروه الاسالات	and a superior to the first that the first the superior and a superior and the superior and

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

MEMBER STRUCTURE ATTACHMENT

1. ENTITY NAME - give the exact name of the R-XS, LLC	he LLC (forei	gn iLCs – i	plve name in domi	cile stat	e or country	/):		
A.C.C. FILE NUMBER (If known): Find the A.C.C. file number on the upper corner of filed documents CR on our website at: http://www.azoc.gov/Divisions/Corporations								
3. Check one box only to indicate what do	ocument the	Attachni	ent goes with:					
 MEMBERS – give the name and address of Attachment form. 	· · · · · · · · · · · · · · · · · · ·							
Chris Gallardo								
Name 2612 C. Alto Drivo		Name	······	·				
3613 S. Alto Drive	· · · · · · · · · · · · · · · · · · ·	Address I		Mariana W. T				
Address 2 (optional)	1	Address 2	(optional)					
Tempe AZ	85282	City			State or	Zip		
Country UNITED STATES Province		Country			Province	icit.		
Tim Dennison								
Norma		Mame						
3201 St Charles Ave. Unit 227		Address t			<u> </u>			
Address 1 (optional)	T	Address 2	(aptional)					
New Orleans LA	70115					<u> </u>		
Country State or Province	24p	Cauntry		9	State or Province	2(p		
Nick Brunn								
Name	Mame			<u></u>				
90 Lund Ave. Apt# 215		Address 1						
Address 2 (optional)	1	Address 2	(optional)			<u> </u>		
Hayward CA	94544		· · · · · · · · · · · · · · · · · · ·		- Charles and			
Country UNITED STATES State or Province	Zip	Country		豆	State or Province	Ζip		

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, **R-XS**, **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 3, 2013, and is in good standing in this state.

The second secon

Electronic Certificate
Certificate Number: C20140825-4204
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 August 25, 2014.

ROSS MILLER Secretary of State

· En M