AZ CORPORATION COMMISSION FILED

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AZ CORPORATION COMMISSION FILED

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AZ CORPORATION COMMISSION FILED

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B-19727 354

FILE NO. B-19727354

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

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

Please read Instructions L025i

	EVENT.											
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:											
	SPHYRA, LLC											
з.	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.											
	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.											
	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:											
	Washington											
5.	DATE OF FORMATION IN FOREIGN DOMICILE: 03/29/2007											
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 processing services and back office support.											

tention (optional) 338 West Royal Palm Road, Suite J differes 1 differes 2 (optional) ay Phoenix, State 2p Address 2 (optional) State 2p REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Registration. PRINCIPAL OFFICE ADDRESS – FOREIGN DOMICILE STREET ADDRESS – see Instruct. LO25i – give the physical or street address (not a P. O. Box) of the foreign LLC required to maintained in its state of organization, or, if not so required, of the foreign LLC's statutory a its state or country of organization: Attention (optional) 621 N Argonne Rd Suite 100 Address 2 (optional) Spokane Valley UNITED STATES State or Province Attention (optional) Spokane Valley UNITED STATES	Corporation to the state of the	n individual or an extrement address on Service (on Service (on Service (on Service)) Dyal Palm Road Dyal Pa	AZ State AZ State ADDRE For Reg ADDRE	85021 Zip tory Agent Acgistration. ESS - FOREIC street addranization, or,	Attention Address 1 Address 2 City CCEPTANCE for	statutory age (can be a P.O (optional) orm M002 must	state t be submitte DDRESS - some	z _p xd along with eee Instruction
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		960 W.	Elliott, S	Suite 112				
1 10000		Address 1						

COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11. MANAGER-MANAGED LLC - <u>see Instructions L025j</u> - check this box is if management of the LLC is vested in a manager or managers, and complete and attach the <u>Manager Structure</u> Attachment form L040. The filing will be rejected if it is submitted without the attachment.									
12. MEMBER-MANAGED LLC - <u>see Instructions 1025</u> - check this box [] If management of the LLC is reserved to the members, and complete and attach the <u>Member Structure Attachment</u> 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 per of perjury that this document together with any attachments is submitted compliance with Arizona law.									
☑ I ACCEPT									
Rebecca Jensen 12/09/2014									
REQUIRED – check only one and fill in the corresponding blank if signing for an entity:									
ma sig	n the individual Mana mager-managed LLC o ning for an entity ma med:	er Lam	I am a Member of this member- managed LLC or I am signing for an entity member named:	I am a duly authorized agent for this LLC.					
				1					

filing Fee: \$150.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	} :	Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100
	T	001 341 4100

Please be anymout that A C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsed for those matters that may purtain to the individual needs of your business.

An idocurrents filed with the Anzona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-592-3026 or (within Arizona only) 800-345-5819.

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

MANAGER STRUCTURE ATTACHMENT

1.	ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country): SPHYRA, LLC									
2.	A.C.C. FILE NUMBER (If known): Find the A.C.C. file number on the upper corner of filed document					n our website at: http:	//ww	W.az	cc.gov/Division:	s/Corporations
3.	Check one box only t									
	Articles of Organizat X Application for Regis	ndment		legis	itreti	ion				
4.	MANAGERS / MEMBE 20% or more of the p required. Check the ap space is needed, use an	o zifloro propria	or capital of th ate box or box	he LLC. Memb xes below eac	bers wh th perso	io own less than 209 on listed <i>– do not ch</i>	% m	ay a	iso be listed,	but it is not
Re	becca Jensen				Sha	ne Hurley				
62: Addre	1 N Argonne Rd	Suite	≥ 100		621	N Argonne R	<u> </u>	<u>Sui</u>	te 100	
	ess 2 (optional)				Address 2 (optional)					
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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

					<u> </u>							
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent: SPHYRA, LLC											
2.	A.C.C	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										
		No error was unumber out this ribb	REF CONTRET OF THEO DOCU	ments	OK 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):											
	Corpo	Corporation Service Company										
	3.1	Check one box;		☐ The statutory agent is an Individual (natural person). X The statutory agent is an Entity .								
			V use searn	LUI ¥	agent is an enuty.							
	By the accept acknow the sta	s the appointment as wiedges that the appo itutory agent resigns, icking the box marked	below, the individual statutory agent introduced interest is effect whichever occurs. If accept below it is accept below in the interest in t	tive tive us fi ow, I	I or entity named in number 3 above the entity named in number 1 above, and until the entity replaces the statutory agent or est. acknowledge under penalty of perjury that this mitted in compliance with Arizona law.							
Co	inolatión	Service Company.	. 🛚	I AC	CEPT .							
Ву:	Un	abethU.Th			Smith, Assistant Vice President 12/22/2014							
SQF RE4		D - check only one:	·	inted I	ame Date							
	Indiv signin	idual as statutory a g on behalf of myself	igent: I am as the Individua	al	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.							
E sq.	pedited p	none (regular processing) rocessing – (available on by itself) add \$35.90 to fi nonrefundable - see Instru	ling fee.	Mai Fax	1300 W. Washington St., Phoenix, Arizona 85007							
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Please be advised that A.C.C. forms reflect only the reinfilments provisions required by statute. You should seek private to the infinitely-leads of your business. All documents filed with the Arconn 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 Arconn only) 800-345-5619.



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

SPHYRA, LLC

1 FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/29/2007.

I FURTHER CERTIFY that as of the date of this certificate, SPHYRA, LLC remains active and has complied with the filing requirements of this office.

Date: December 16, 2014

UBI: 602-710-961

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State