

DEC 03 2015

JAN 05 2016

FILE NO. R-2051891-9FILE NO. R-2051891-9

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE 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:

Crystal Bill Pediatric Dentistry PLLC

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.

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

AZ CORPORATION COMMISSION
FILED

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):

Pediatric Dentistry

FILE NO.

JAN 11 2016

R-2051891-9

5. **FOREIGN DOMICILE** - list the state or country in which the foreign LLC was formed:

Nevada

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 05/07/2013

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:

Pediatric Dentistry

8. STATUTORY AGENT IN ARIZONA:			
8.1 REQUIRED - give the name (can be an individual or an entity) and <u>physical or street address</u> (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):	
Steve Owens, CPA <small>Statutory Agent Name (required)</small>			
<small>Attention (optional)</small> 5353 N. 112th St. #380 <small>Address 1</small>		<small>Attention (optional)</small> <small>Address 1</small>	
<small>Address 2 (optional)</small> City Phoenix	<small>State</small> AZ	<small>Zip</small> 85016	<small>Address 2 (optional)</small> City <small>State</small> <small>Zip</small>
8.3 REQUIRED - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Registration.			

- 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** - see Instructions L025i - 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:

incorrect form

<small>Attention (optional)</small> 750 N. Kendrick St. Suite 300 <small>Address 1</small>		
<small>Address 2 (optional)</small> Flagstaff	<small>State or Province</small> AZ	<small>Zip</small> 86001
<small>City</small> USA	<small>Country</small>	

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:

<small>Attention (optional)</small> 750 N. Kendrick St Suite 300 <small>Address 1</small>		
<small>Address 2 (optional)</small> Flagstaff	<small>State or Province</small> AZ	<small>Zip</small> 86001
<small>City</small> USA	<small>Country</small>	

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):		
Steve Owens, CPA <small>Statutory Agent Name (required)</small>					
Attention (optional) 5353 N. 11th St. #380 <small>Address 1</small>			Attention (optional) <small>Address 1</small>		
Address 2 (optional) City Phoenix		State AZ Zip 85016	Address 2 (optional) City		State Zip
8.3 REQUIRED - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Registration.					

9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS - see Instructions 1025i - 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:

Goodsell & Olsen, Attorneys At Law <small>Attention (optional)</small>		
10155 W. Train Ave, Suite 100 <small>Address 1</small>		
Address 2 (optional) Las Vegas		
City	State or Province NV	Zip 89147
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:

Attention (optional) 750 N. Kendrick St, Suite 300 <small>Address 1</small>		
Address 2 (optional) Flagstaff		
City	State or Province AZ	Zip 86001
Country USA		

COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11. **MANAGER-MANAGED LLC** - see Instructions L025 - 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 L025 - 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

Crystal Bill
Signature

Crystal Bill
Printed Name

10/10/15
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 checked="" type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input 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.

Mall: 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.
All documents filed with the Arizona Corporation Commission are public records 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.

Clear Form

Print Form

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):

Crystal Bill Pediatric Dentistry PLLC

2. **ACC. FILE NUMBER** (if known):

Find the ACC. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **MEMBERS** – give the name and address of all Members. If more space is needed, use another Member Structure Attachment form.

1. Crystal Bill	2.
Name 10140 Owls Nest St.	Name
Address 1 Las Vegas, NV	Address 1
Address 2 (optional)	Address 2 (optional)
City Las Vegas	City
State or Province NV	State or Province
Zip 89118	Zip
Country	Country
3.	4.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country	Country
5.	6.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country	Country
7.	8.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country	Country

Clear Form

Print Form

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

STATUTORY AGENT ACCEPTANCEPlease 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):

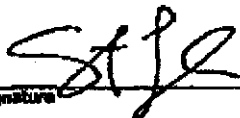
Crystal Bill Pediatric Dentistry PLLC

2. **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:

Steve Owens**3. STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 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.


SignatureSteve Owens
Printed Name11/23/15
Date**REQUIRED** – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **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 – not applicable.
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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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERFELT
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Crystal Bill
10140 Owls Nest St
Las Vegas, NV 89178

Job: C20160104-2621
January 4, 2016

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	20130302973-50	5/3/2013 5:00:07 PM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	163610 16010409740046	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short(s):

Crystal Bill
10140 Owls Nest St
Las Vegas, NV 89178

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **CRYSTAL BILL PEDIATRIC DENTISTRY, PLLC**, 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 May 3, 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 January 4, 2016.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20160104-2621
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

COMMISSIONERS
SUSAN BITTER SMITH - Chairman
BOB STUMP
BOB BURNS
DOUG LITTLE
TOM FORESE



JODI JERICH
Executive Director

PATRICIA L. BARFIELD
Director
Corporations Division

ARIZONA CORPORATION COMMISSION

CRYSTAL BILL PEDIATRIC DENTISTRY PLLC
CRYSTAL BILL
10140 OWLS NEST ST

LAS VEGAS, NV 89178

Effective Date: 12/29/2015
File No: R-2051891-9

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is **REJECTED** and is being returned for the following reasons:

Attach a Certificate of Good Standing/Existence, duly authenticated (certified) by the secretary of state or other official having legal custody of corporate records in the state or country under whose law it is incorporated. It must be dated within (60) sixty days of delivering the Application to the Commission.
(A.R.S.10-1503, 10-11503 & 29-802(B))

* Per the Application for Registration, page 1, 5.) Foreign Domicile State: Nevada - please go to page 2, 9.) Principal Office Address - Foreign Domicile Street Address: Remove the Arizona address and replace it with the foreign domicile State of Nevada physical street address for this entity.

* Per the Statutory Agent Acceptance form, please place a check mark in the corresponding box to Individual as statutory agent:
Please resubmit - thank you

IMPORTANT INFORMATION:

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 (all pages must be legible):

1. A copy of this letter;
2. All pages of the rejected document with corrections OR a complete, signed, corrected document;
3. A NEW cover sheet indicating resubmission; and
4. Any additional paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

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 <http://ecorp.azcc.gov>. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

Patricia Barfield

From: Crystal <cbzona@hotmail.com>
Sent: Tuesday, January 05, 2016 10:13 AM
To: Document Intake
Subject: Resubmission Crystal Bill Pediatric Dentistry PLLC
Attachments: Cert of Good Standing.pdf; Crystal Bill_AZ corp commissions.pdf

RECEIVED
JAN 05 2016
ARIZONA STATE COMMISSION
CORPORATIONS DIVISION

RECEIVED

JAN 05 2016

Clear Form

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

Print Form

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT****1. WHAT ARE YOU FILING?**
☐ New Entity ☐ Change to existing entity ☒ Re-submission/Correction
2. ENTITY NAME:Crystal Bill Pediatric Dentistry PLLC**3. CALCULATE YOUR FEES** (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	
Do you want EXPEDITED processing? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, add \$35.00	Subtotal:	150.00
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
TOTAL YOUR AMOUNT OWED <u>Already paid</u>	TOTAL AMOUNT DUE:	

4. PAYMENT METHOD:

<input type="checkbox"/> MOD Account #
Cash - do not mail cash. Cash may be used only for in-person submittals. Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts). Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input type="checkbox"/> Email	Email address:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> Mail	Name: <u>Crystal Bill</u> Address: <u>10140 DOWLS NEST ST</u> City: <u>Las Vegas</u> State: <u>NV</u> Zip: <u>89178</u> Phone: <u>(520) 440-3464</u>		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____

DATE: _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

Crystal Bill
10140 Owls Nest St
Las Vegas, NV 89178
520.440.3464
cbzona@hotmail.com

01/05/2016

Arizona Corporation Commission
1300 W Washington
Phoenix, AZ 85007

Re: File No R-2051891-9, Crystal Bill Pediatric Dentistry PLLC

To Whom it May Concern:

I filed my application for the entity Crystal Bill Pediatric Dentistry PLLC on 12/29/2015. My payment was processed for \$150. I resubmitted the application with corrections and am sending an additional \$35 to expedite the resubmission. Enclosed with this letter is the check for \$35.

Sincerely,

Crystal Bill

Enclosure

My Resubmitted application was received via documentintake@azcc.gov

RECEIVED

DEC 03 2015

ARIZONA CORP COMMISSION
Clear Form CORPORATIONS DIVISION

Print Form

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1. WHAT ARE YOU FILING?

☒ New Entity ☐ Change to existing entity ☐ Re-submission/Correction

2. ENTITY NAME:

Crystal Bill Pediatric Dentistry, PLLC

3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	150 ⁰⁰
Do you want EXPEDITED processing? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, add \$35.00	Subtotal:	
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
TOTAL YOUR AMOUNT OWED	TOTAL AMOUNT DUE:	150 ⁰⁰

4. PAYMENT METHOD:

<input type="checkbox"/> MOD Account #
<p>Cash - do not mail cash. Cash may be used only for in-person submittals.</p> <p>Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).</p> <p>Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.</p>

5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input type="checkbox"/> Email	Email address: <u>cbzora@hotmail.com - CB</u>
<input type="checkbox"/> Pick up	Name: _____ Phone: _____
<input checked="" type="checkbox"/> Mail	Name: <u>Crystal Bill</u> Address: <u>10140 Owls Nest St</u> City: <u>LAS VEGAS</u> State: <u>NV</u> Zip: <u>89178</u> Phone: <u>(520) 440-3464</u>

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____

DATE: _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

