

JAN 22 2016

F.2063634.7

FILE NO.

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

**APPLICATION FOR NEW AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**
Read the Instructions C019i

A.C.C. FILE NUMBER:

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>

1. ENTITY TYPE – check only one to indicate the type of entity applying for authority:

- | | |
|---|--|
| <input type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER |
| <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> PROFESSIONAL CORPORATION | <input type="checkbox"/> CREDIT UNION |
| <input checked="" type="checkbox"/> CLOSE CORPORATION | <input type="checkbox"/> TRUST COMPANY |
| <input type="checkbox"/> BUSINESS TRUST | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION |
| <input type="checkbox"/> BUSINESS DEVELOPMENT CORP. | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC. |
| <input type="checkbox"/> CORPORATION SOLE | <input type="checkbox"/> NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP. |

2. NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME) – enter the exact, true name of the foreign corporation:

BARTCO INC.

3. NAME TO BE USED IN ARIZONA (ENTITY NAME) – see Instructions C019i - identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions

- | | | |
|---|--|--|
| 3.1 <input checked="" type="checkbox"/> Name in state or country of incorporation, with no changes – Go to number 4. | 3.2 <input type="checkbox"/> Name in state or country of incorporation, with a corporate identifier added to it – Enter the name in number 3.4 below. | 3.3 <input type="checkbox"/> Fictitious name (check this only if the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) – Enter the name in number 3.4 below. |
|---|--|--|

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

4. FOREIGN DOMICILE – list the state or country in which the foreign corporation is incorporated: NEVADA

5. DATE OF INCORPORATION IN FOREIGN DOMICILE: 06/18/2013

6. DURATION – the duration or life period of the foreign corporation is presumed to be perpetual unless one of the boxes is checked below and the blanks are filled in:

- ☐ The corporation's life period will end after the expiration of _____ years (enter a number of years).
- ☐ The corporation's life period will end on this date _____ (enter a date).
- ☒ The corporation's life period will end upon the occurrence of this event:

BUSINESS CLOSURE OF GAS STATION AND MINI MARKET (describe an event).

7. **PURPOSE** – the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following **limitations**, if any (leave this blank if there are no limitations on the corporation's purpose):

8. **CHARACTER OF BUSINESS** – briefly describe the character of business or affairs the foreign corporation initially intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately conducts is not limited by the description provided.

Conduct Gas Station and Mini Market Liquor business

9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS -- see <i>Instructions C019i</i> – give the physical or street address (not a P. O. Box) of the foreign corporation required to be maintained in its state or country of incorporation, or, if not so required, of the foreign corporation's statutory agent in its state or country of incorporation:			10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: Is the Arizona known place of business street address the same as the street address of the statutory agent? <input checked="" type="checkbox"/> Yes - go to number 11 and continue. <input type="checkbox"/> No - provide the Arizona physical or street address (not a P.O. Box) below:		
Attention (optional) ARSHAK BARTOUMIAN			Attention (optional) ARSHAK BARTOUMIAN		
Address 1 56504 29 Palms hwy			Address 1 8045 S HIGHWAY 95		
Address 2 (optional) City Yucca Valley		State ca	Address 2 (optional) City MOJAVE VALLEY		State AZ
Zip 92284			Zip 86440		

11. STATUTORY AGENT IN ARIZONA – see <i>Instructions C019i</i> :					
11.1 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:			11.2 OPTIONAL – mailing address in Arizona of statutory agent (can be a P.O. Box):		
ARSHAK BARTOUMIAN					
Statutory Agent Name (required) ARSHAK BARTOUMIAN					
Attention (optional) 8045 S HIGHWAY 95			Attention (optional)		
Address 1 MOJAVE VALLEY			Address 1		
Address 2 (optional) City MOJAVE VALLEY		State AZ	Address 2 (optional) City		State
Zip 86440			Zip		
11.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Authority.					

12. DIRECTORS - list the name and business address of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Director Attachment</u> form C082.					
Director Name HAGOP BARTOUMIAN			Director Name		
Address 1 9111 CREBS AVE			Address 1		
Address 2 (optional) NORTHRIDGE		State or Province CA	Address 2 (optional)		State or Province
Zip 91324			Zip		
City UNITED STATES	Country		City	Country	
Date taking office (optional): 06/18/2013			Date taking office (optional):		

Director Name ARSHAK BARTOUMIAN				Director Name			
Address 1 9111 CREBS AVE				Address 1			
Address 2 (optional) NORTHRIDGE		CA	91324	Address 2 (optional)			
City UNITED STATES	State or Province	Zip		City	State or Province	Zip	
Country				Country			
Date taking office (optional): 06/18/2013				Date taking office (optional):			
Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
Country				Country			
Date taking office (optional):				Date taking office (optional):			
13. OFFICERS - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Officer Attachment form C085</u> .							
Officer Name HAGOP BARTOUMIAN				Officer Name			
Address 1 9111 CREBS AVE				Address 1			
Address 2 (optional) NORTHRIDGE		CA	91324	Address 2 (optional)			
City UNITED STATES	State or Province	Zip		City	State or Province	Zip	
Country				Country			
Date taking office (optional): 06/18/2013		Officer title: President/CEO		Date taking office (optional):		Officer Title:	
Officer Name CORINNE BARTOUMIAN				Officer Name			
Address 1 9111 CREBS AVE				Address 1			
Address 2 (optional) NORTHRIDGE		CA	91324	Address 2 (optional)			
City UNITED STATES	State or Province	Zip		City	State or Province	Zip	
Country				Country			
Date taking office (optional): 06/18/2013		Officer Title: VicePresident		Date taking office (optional):		Officer Title:	
Officer Name ARSHAK BARTOUMIAN				Officer Name			
Address 1 9111 CREBS AVE				Address 1			
Address 2 (optional) NORTHRIDGE		CA	91324	Address 2 (optional)			
City UNITED STATES	State or Province	Zip		City	State or Province	Zip	
Country				Country			
Date taking office (optional): 06/18/2013		Officer Title: Treasurer		Date taking office (optional):		Officer Title:	

14. **FOR-PROFITS ONLY – SHARES AUTHORIZED** – *see Instructions C019i* – list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class: COMMON Series: 1 Total: 100 Par Value: .0010
Class: _____ Series: _____ Total: _____ Par Value: _____

15. **FOR-PROFITS ONLY – SHARES ISSUED** – *see Instructions C019i* – list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check this box ☐ and complete and attach the Shares Issued Attachment form C097.

Class: _____ Series: _____ Total: _____ Par Value: _____
Class: _____ Series: _____ Total: _____ Par Value: _____

16. **NONPROFITS ONLY – MEMBERS** – check one box only:

Does the foreign nonprofit corporation have members? ☒ Yes ☐ No

17. **PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL SERVICES** – if "professional corporation" is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm): _____

18. **PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL LICENSE:**

By the signature appearing on this document, the foreign professional corporation certifies under penalty of perjury that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation's articles of incorporation.

NOTE: You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation's shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)

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

ARSHAK BARTOUMIAN

011916

Signature

Printed Name

Date

REQUIRED – check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized bankruptcy trustee , receiver, or other court-appointed fiduciary for the corporation filing this document.
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Filing Fee: \$175.00 (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 **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.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

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):

BARTCO INC.

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:

ARSHAK BARTOUMIAN

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.


Signature

ARSHAK BARTOUMIAN

Printed Name

01/19/2016

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.

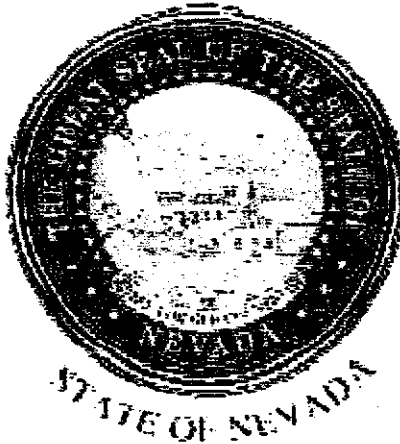
Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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.

SECRETARY OF STATE



CORPORATE CHARTER

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **BARTCO INC.**, did on June 18, 2013, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 18, 2013.


ROSS MILLER
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20130618-0006
You may verify this certificate
online at <http://www.nvsos.gov/>



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov



00000

Articles of Incorporation

(PURSUANT TO NRS CHAPTER 78)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20130400207-69 Filing Date and Time 06/18/2013 1:35 AM Entity Number E0298972013-2
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(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Corporation:	BARTCO INC.			
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ Name <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) JACOB PARSEGHIAN Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity 1421 E. SUNSET ROAD LAS VEGAS Nevada 89101 Street Address City State Zip Code 1421 E. SUNSET ROAD LAS VEGAS Nevada 89101 Mailing Address (if different from street address) City State Zip Code			
3. Authorized Stock: (number of shares corporation is authorized to issue)	Number of shares with par value: 100	Par value per share: \$ 0.0010	Number of shares without par value: 100	
4. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) JACOB PARSEGHIAN Name 1101 BROADWAY SUITE 203 GLENDALE CA 91205 Street Address City State Zip Code 2) _____ Name _____ Street Address City State Zip Code			
5. Purpose: (optional; see instructions)	The purpose of the corporation shall be: ANY LEGAL PURPOSE			
6. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	JACOB PARSEGHIAN X JACOB PARSEGHIAN Name Incorporator Signature 1101 BROADWAY SUITE 203 GLENDALE CA 91205 Address City State Zip Code			
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X JACOB PARSEGHIAN Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 6/18/2013 Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78 Articles
Revised: 4-10-09

BARTCO INC.

Business Entity Information

Status:	Active	File Date:	6/18/2013
Type:	Domestic Corporation	Entity Number:	E0298972013-2
Qualifying State:	NV	List of Officers Due:	6/30/2016
Managed By:		Expiration Date:	
NV Business ID:	NV20131365195	Business License Exp:	6/30/2016

Registered Agent Information

Name:	JACOB PARSEGHIAN	Address 1:	7973 DARBY AVE
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89117
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		

Financial Information

No Par Share Count:	100.00	Capital Amount:	\$ 0.10
Par Share Count:	100.00	Par Share Value:	\$ 0.001

Officers

☐ Include Inactive Officers

Director - ARSHAK BARTOUMIAN

Address 1:	5804 29 PALMS HWY	Address 2:	
City:	YUCCA VALLEY	State:	CA
Zip Code:	92284	Country:	
Status:	Active	Email:	

Secretary - CORINNE BARTOUMIAN

Address 1:	5804 29 PALMS HWY	Address 2:	
City:	YUCCA VALLEY	State:	CA
Zip Code:	92284	Country:	
Status:	Active	Email:	

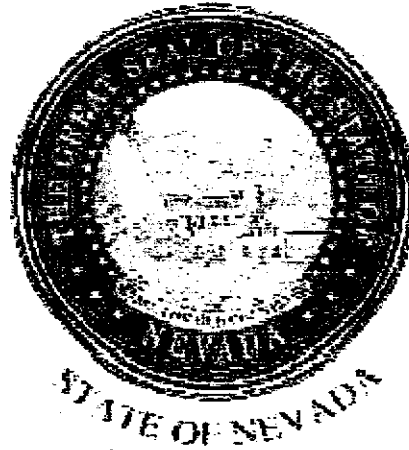
Treasurer - CORINNE BARTOUMIAN

Address 1:	5804 29 PALMS HWY	Address 2:	
City:	YUCCA VALLEY	State:	CA

Status:	Active	Email:	
President - HAGOP BARTOUMIAN			
Address 1:	5804 29 PALMS HWY	Address 2:	
City:	YUCCA VALLEY	State:	CA
Zip Code:	92284	Country:	
Status:	Active	Email:	

— Actions/Amendments			
Action Type:	Articles of Incorporation		
Document Number:	20130400207-69	# of Pages:	1
File Date:	6/18/2013	Effective Date:	
Initial Stock Value: Par Value Shares: 100 Value: \$ 0.001 No Par Value Shares: 100			
Total Authorized Capital: \$ \$0.10			
Action Type:	Reinstatement		
Document Number:	20140656930-56	# of Pages:	1
File Date:	9/11/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140656931-67	# of Pages:	1
File Date:	9/11/2014	Effective Date:	
2014-2015			
Action Type:	Acceptance of Registered Agent		
Document Number:	20140656932-78	# of Pages:	1
File Date:	9/11/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20150295672-89	# of Pages:	1
File Date:	6/26/2015	Effective Date:	
(No notes for this action)			

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, BARTCO INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 18, 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 June 18, 2013.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20130618-0867
You may verify this electronic certificate
online at <http://www.nvsos.gov/>



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Business Entities (BE)

Online Services

- E-File Statements of Information for Corporations
- Business Search
- Processing Times
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Service Options

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Resources

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- Tax Information
- Starting A Business

Customer Alerts

- Business Identity Theft
- Misleading Business Solicitations

Business Entity Detail

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed through Friday, December 04, 2015. Please refer to [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity.

Entity Name	BARTCO INC.
Entity Number	C3737125
Filing Date	12/22/2014
Status	ACTIVE
State	NEVADA
Address	9111 CREBS AVE
City	NORTHRIDGE CA 91324
Agent Name	ARSHAK BARTOLMIAN
Agent Address	56504 29 PALMS HWY
Agent City	YUCCA VALLEY CA 92284

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

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IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGBEN UT 84201-0023

000000.000000.0000.001 1 MB 0.405 820
[Barcode]

BARTCO INC
% RACOP BARTOUKIAN
PO BOX 796
PEARLBLOSSOM CA 93553

Date of this notice: 06-26-201

Employer Identification Number:
80-0935502

Form: 55-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 80-0935502. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

RECEIVED

JAN 22 2016

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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:**

BARTCO INC.

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:	175
Do you want EXPEDITED processing? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, add \$35.00	Subtotal:	35
<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 checked="" type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	10
TOTAL YOUR AMOUNT OWED	TOTAL AMOUNT DUE:	220

4. PAYMENT METHOD:☐ 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 checked="" type="checkbox"/> Email	Email address: ABARTOUMIAN@YAHOO.COM		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

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

