





FEB 2 2 2016

OCT 2 6 2015

FLENO R-2043564-0

MENOR-2043564-0

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

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

			Pleas	se read Instructions <u>10251</u>					
1,	1. ENTITY TYPE - check only one to indicate the type of entity applying for registration:								
		LIMITI	ED LIABILITY COMPANY	PROFESSIONAL LIMITED LIABILITY COMPANY					
2.			TATE OR COUNTRY O	F FORMATION (FOREIGN NAME) - enter the exact, true					
	KND HOME SOLUTIONS, LLC								
3,	NAME use in	TO E Arizo	SE USED IN ARIZONA na by checking 3.1 or 3	(ENTITY NAME) - Identify the name the foreign LLC will 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		formation is not available identifier, and enter the	eck this if the foreign LLC's name in its state or country of ble 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 y	ou checked 3.2, enter	r or print the name to be used in Arizona:					
		- Newscara	<u>an mara man manandan kan sa </u>						
4.	In num	ber 1		LITY COMPANY SERVICES - if professional LLC is checked ofessional services that the professional LLC will provide edical):					
5.			OMICILE - list the sta	te or country in which the foreign LLC was formed:					
	Nevad	la							
6.	DATE	OF FO	ORMATION IN FOREIG	SN DOMICILE: 9/22/2015					
7.	foreign	LLC		TER OF BUSINESS – describe or state the purpose of the of the business it proposes to transact in Arizona:					

		IN ARI	IZONA:					
ē	REQUIRED – giv an individual or an or street address of the statutory ago	entity) an (not a P.0	id physical	8.2 OPTIONAL - Mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):				
	S FILINGS IN	ICORP	ORATED	s me				
atutory Agent fi	iame (required)							
tention (optiona	•	hala a a a a a a a a a a a a a a a a a a	مان به داد <mark>در است به در است در است به در</mark> در در است به در است	Attention (optional)				
dress I	ELBACK ROAD	أدامة المتحدث والمتحدث والمتحدث والمتحدث	والانتفاقات عدمه والموشاق عاوا لإنطيق عديها والذر فيسسك بارمه استعمادها	Address 1		manamatan erika erik sanjunyak sanjunya sapang sala	and a supplementary of the said that the confidence of the second	
	ing grade street in the control of t	-		Address 2	Total and the same of the same			
idress 2 (options ty PHOEI		AZ State	85016	City	Coloniaci	State	Zip	
La vinere de major en accionación de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del compos			tory Agent Acce		rm M002 must	be submitte	d along with	
	this Application				magast one court will decrease	e, e e e e e e e e e e e e e e e e e e		
	Attention (optional) 4730 S FORT APACHE RD STE			300				
	· · · · · · · · · · · · · · · · · · ·	-						
	Address 2 (optional) LAS VEGAS		ngunan mahi nggatat ta aktitus na nahita na nahitati saha sarat na	Taragas de Servador (1920) (1920) de primer (1920) (1920)	NV	89	147	
	LAS VEGAS	D STATE			NV State or Province	89	9147	
	LAS VEGAS City UNITE Country UNITE	D STATE	OWN PLACE OF		State or Province			
0. OPTIO 10.1	LAS VEGAS City Country UNITE DNAL - ARIZO Is the Arizona	NA KNO	erinateriniski gran som bliddings. Med avstradskade blevet	ss street	State or Province ESS ADDRESS address the sa	: ame as the s		
	LAS VEGAS City Country UNITE DNAL - ARIZO Is the Arizona	NA KNO	OWN PLACE OF place of busine t? Yes - g	ss street to the	State or Province ESS ADDRESS address the sa	: ame as the so	treet addres	
	LAS VEGAS City Country UNITE DNAL - ARIZO Is the Arizona of the statuto If you answe	NA KNO a known ary agen	OWN PLACE OF place of busine t? Yes - g	ss street to to the complete	State or Province ESS ADDRESS address the sanext page and number 10.2 and number 10.2 and number physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and number	s: ame as the s continue.	treet addres:	
10.1	LAS VEGAS City Country UNITE DNAL - ARIZO Is the Arizona of the statuto If you answe Box) of the ki	NA KNO a known ary agen	DWN PLACE OF place of busine t? Yes - g No - c	ss street to to the complete	State or Province ESS ADDRESS address the sanext page and number 10.2 and number 10.2 and number physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and number	s: ame as the s continue.	treet addres:	
10.1	LAS VEGAS City Country UNITE DNAL - ARIZO Is the Arizona of the statuto If you answe Box) of the ki	NA KNO a known ary agen ared "no nown pl	DWN PLACE OF place of busine t? Yes - g No - c	ss street to to the complete 1, give the of the LL	State or Province ESS ADDRESS address the sanext page and number 10.2 and number 10.2 and number physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and number	s: ame as the s continue.	treet addres:	
10.1	LAS VEGAS City Country UNITE DNAL - ARIZO Is the Arizona of the statuto If you answe Box) of the kill Attention (aptional) 7328 SOUT	NA KNO a known ary agen ared "no nown pl	place of busine t? Yes - g No - c " to number 10. ace of business	ss street to to the complete 1, give the of the LL	State or Province ESS ADDRESS address the sanext page and number 10.2 and number 10.2 and number physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and physical or sanext page and number 10.2 and number	ame as the secontinue, and continue, street address	treet addres:	

COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11.	the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form 1040. The filing will be rejected if it is submitted without the attachment.							
12.	MEMBER-MANAGED LLC - see Instructions 1025i - 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.	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.							
	25		KRISTOPHER BENKO	10/07/2015				
REQUIRED – check only one and fill in the corresponding blank if signing for an entity:								
■ Ia ma sko	m the individual Manag anager-managed LLC or gning for an entity man imad:	ger of this I am	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.				

		~
Filling Fee: \$150.00 (regular processing)	Mail: Arizona Corporation Commission - Corporate Filings Section	
Expedited processing - add \$35.00 to filing fee.	1300 W. Washington St., Phoenix, Arizona 85007	
All fees are nonrefundable - see Instructions.	Fax; 602-542-4100	1

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.

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

MANAGER STRUCTURE ATTACHMENT

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country);
 KND HOME SOLUTIONS, LLC
 A.C.C. FILE NUMBER (if known):
 Find the A.C.C. file number on the upper corner of filed documents DR on our website at: http://www.azcc.gov/Divisions/Corporations
- 3. MANAGERS / MEMBERS give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Use one block per person. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed do not check both member boxes. If more space is needed, use another Manager Structure Attachment form.

	خنديث تشييب				#159351 33-34			
KRISTOPHER BENKO		n an haardhaa a na an datha' a na sasa	DANIELLE QUILLEN-BENKO					
Name	ramani alim	A CONTRACTOR OF THE PARTY OF TH	Name					
7328 SOUTH JAMES	DEAN AVE		7328 SOUTH JA	ME:	S DI	:AN AV	<u>L</u>	
rised 6-10-4								
Address 2 (optional)			Address 2 (optional)	-		. 7	85747	
TUCSON	AZ State or	85747	TUCSON		<u> </u>	AZ State or	103/4/	
UNITED STATES	Province	7.W	UNITED STATES	i I comencial	j J January I Sal	Province		
Country	20% or more me	ember	Country	Z	20%	or more n	nember	
Manager L	ess than 20% m	nember	✓ Manager		Less	than 20%	member	
Name	portoria electrologica de la comenzación dela comenzación de la comenzación dela comenzación de la comenzación de la comenzación de la com	in principal de la companya de la c	Name	e de la composition de	-	<u>ىدىدە ئىدىدە بەت سىنىداسى</u>	te para terrenta de la capación de 	
AUGIOSS 1	training de de la faire de la fragte de la fr	i di talanciani, prima per transistra i retrema p cilinali faterama.	Address 1	والمراجع وا	 	روبيد معرب مريد مورز	ing ng panggang ng mga ng panggang ng	
		n shi aikhina dan mahasa wa		e diamento	ėsio valdos siesios	للمعاضرة تسمية تشانعة بمتجر برواين	kannanian lagi ya mia ni ja sanja inin jigi ni kaminana may ya lugunya menya mana.	
Acidress 2 (optional)			Address 2 (optional)					
City	State or Province	The second secon			telescones	State or Province	ing 25 consistency or great the growth of the second of th	
Country		Company of the Compan	Country		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	en internacional description in bis description in the second	المعاولا والمعرورات المهدودة والمداورة والمرافعة المداورة والمعاونة والمداورة والمداورة والمعاورة والمعاور	
	20% or more me .ess than 20% n		Manager			or more n than 20%		
s.	C33 (1011 20 70 1)	7C UC	6.		LESS	Citan Sola	inettoe:	
Makipakakiki (gl. a ishim asasa ne pod obova na obova (g. 1500). A spranjar ja mangam ngibro rashio (g) ishi kak	and water on the second se				Market Avenue	kan nga siyat nagasa padan inakat majara terbah	eller (velkelle velkere velkelle letter velkere velkere velkere velkere velkere velkere velkere velkere velker	
Narne			Name					
Address 1	angangha Tagaya Adabay dagkay hali galangga galanggay		Address 1	North States		<u> Type a sainteachtasainte</u>	disense som eller med timber som ble sterligen blever for bestylled	
	ionini isainini piopprioprina isaina arosa a sa sara	an fiji nasas, ngasyas, ngaso ya sa				روان در المعادد و	eldel: hidegild eldelig delines en proprio en proprio en monor en inspetio	
Address 2 (optional)			Address 2 (aptional)				ing marketing to the state of t	
Control of the Contro	State or Province	2/18	Clf A Comment of an analysis of the production of the second of the seco	(rig special s	en engage engagen	State or Province	uinternet korrel järjän eteetisiksi saataluiseteissa kulus, vastuurassa. 1940	
Cininity .	20% or more me	ember	Country	П	20%	or more n	nember	
- political Provide	ess than 20% m		. Manager .	Ī		than 20%		

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

STATUTORY AGENT ACCEPTANCE

	Please read Instructions <u>MVUZI</u>							
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:							
	KND HOME SOLUTIONS, 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.axcc.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):							
	Business Filings Incorporated							
	3.1 Check one box: The statutory agent is an Individual (natural person). The statutory agent is an Entity.							
STA	ATUTO	RY AGENT SIGNATL	IRE:	*				
	accepts acknow the star By che	the appointment as ledges that the appoint tutory agent resigns, cking the box marked	statutory agent fo intment is effectiv whichever occurs "I accept" below,	ral or entity named in number 3 above r the entity named in number 1 above, and e until the entity replaces the statutory agent or first. I acknowledge under penalty of perjury that this abmitted in compliance with Arizona law.				
			X I X	ACCEPT				
* //v	Jary	9	- MaryJos	palinger, Asst. Secretary 10100012015				
RE	-	check only one:dual as statutory a	majaya angaya maa yanaay saggaan waxaa sa s	Entity as statutory agent: I am signing on				
i junea i ta munica		on behalf of myself		behalf of the entity named as statutory agent, and I am authorized to act for that entity.				
Exp	edited pr	none (regular processing) ocessing – add \$35,00 to nonrefundable - see Instru	filing fee,	all: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 ex: 602-542-4100				

Fax: 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.

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, KND HOME SOLUTIONS, 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 22, 2015, and is in good standing in this state.

The state of the s

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 8, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20151008-1645
You may verify this electronic certificate
online at http://www.nvsos.gov/