



APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS
OR CONDUCT AFFAIRS IN ARIZONA

BARTCO INC.

AZ CORPORATION COMMISSION
FILED

JAN 22 2016

FILE NO. F-20636347

AZ CORPORATION COMMISSION
FILED

FEB 16 2016

FILE NO. F-20636347

AZ CORPORATION COMMISSION
FILED

MAR 07 2016

FILE NO. F-20636347

AZ CORPORATION COMMISSION
FILED

MAR 14 2016

FILE NO. F-20636347

AZ CORPORATION COMMISSION
FILED

MAR 21 2016

FILE NO. F-20636347

AZ CORPORATION COMMISSION
FILED

MAR 23 2016

FILE NO. F-20636347

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

**APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**
Read the Instructions C018i

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

- | | |
|--|---|
| <input type="radio"/> FOR-PROFIT CORPORATION | <input type="radio"/> INSURER |
| <input type="radio"/> NONPROFIT CORPORATION | <input type="radio"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="radio"/> PROFESSIONAL CORPORATION | <input type="radio"/> CREDIT UNION |
| <input checked="" type="radio"/> CLOSE CORPORATION | <input type="radio"/> TRUST COMPANY |
| <input type="radio"/> BUSINESS TRUST | <input type="radio"/> COOPERATIVE MARKETING ASSOCIATION |
| <input type="radio"/> BUSINESS DEVELOPMENT CORP. | <input type="radio"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC. |
| <input type="radio"/> CORPORATION SOLE | <input type="radio"/> 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) – <i>see Instructions C018i</i> - 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="radio"/> Name in state or country of incorporation, with no changes – Go to number 4.	3.2 <input type="radio"/> 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="radio"/> Fictitious name (check this <i>only if</i> 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:
CLOSING OF THE 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 C018i</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:		
ARSHAK BARTOUMIAN			ARSHAK BARTOUMIAN		
Attention (optional) 56504 29 PALMS HWY			Attention (optional)		
Address 1			Address 1		
8045 S HIGHWAY 95			8045 S HIGHWAY 95		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
YUCCA VALLEY	CA	92284	MOJAVE VALLEY	AZ	86440

11. STATUTORY AGENT IN ARIZONA – see <i>Instructions C018i</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):		
Jacob Parseghian					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
8045 S Highway 95			BARTCO INC. % ARSHAK BARTOUMIAN		
Address 1			Address 1		
Suite			8045 S. HIGHWAY 95		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Mojave Valley	AZ	86440	MOJAVE VALLEY	AZ	86440
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.					
HAGOP BARTOUMIAN					
Director Name			Director Name		
9111 CREBS AVE					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
NORTHIDGE	CA	91324			
Country	UNITED STATES		Country		
Date taking office (optional): 06/18/2013			Date taking office (optional):		

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

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:
Jacob Parsghian

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.

Jacob Parsghian Jacob Parsghian 2-10-2016
Signature Printed Name Date

REQUIRED – check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> 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.
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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
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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) 800-345-5919.

ARSHAK BARTOUMIAN							
Director Name 9111 CREBS AVE				Director Name			
Address 1				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):			
CORINNE BARTOUMIAN							
Director Name 9111 CREBS AVE				Director Name			
Address 1				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):			
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 Officer Attachment form C085.							
HAGOP BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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:	
CORINNE BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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:	
ARSHAK BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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):		Officer title: Treasurer		Date taking office (optional):		Officer Title:	

14. **FOR-PROFITS ONLY - SHARES AUTHORIZED** - *see Instructions C018i* - 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 SHARES Par Value: .0010
Class: _____ Series: _____ Total: _____ Par Value: _____

15. **FOR-PROFITS ONLY - SHARES ISSUED** - *see Instructions C018i* - 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

2-10-2016

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 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.

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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:

Jacob Parseghian

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.

Jacob Parseghian Jacob Parseghian 2-10-2016
Signature Printed Name Date

REQUIRED – check only one:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input type="checkbox"/> 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
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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.

AZ CORPORATION COMMISSION
FILED

MAR 23 2016

FILE NO. _____

MAR 07 2016

FEB 16 2016

FILE NO F-2063634-7

FILE NO F-2063634-7

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

**APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**

Read the Instructions C018i

AZ CORPORATION COMMISSION
FILED**1. ENTITY TYPE - check only one to indicate the type of entity applying for authority:**

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

JAN 22 2016

FILE NO F-2063634-7

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 C018i - 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="radio"/> Name in state or country of incorporation, with no changes -
Go to number 4. | 3.2 <input type="radio"/> 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="radio"/> 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:

CLOSING OF THE 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 Instructions C018i - 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:		
ARSHAK BARTOUMIAN			ARSHAK BARTOUMIAN		
Attention (optional) 56504 29 PALMS HWY			Attention (optional)		
Address 1			Address 1 8045 S HIGHWAY 95		
Address 2 (optional) City YUCCA VALLEY		CA State	92284 Zip	Address 2 (optional) City MOJAVE VALLEY	
		AZ State	86440 Zip		

11. STATUTORY AGENT IN ARIZONA - see Instructions C018i:					
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):		
Jacob Bartoumian (see) Statutory Agent Name (required)					
Attention (optional) 8045 S Highway 95			Attention (optional) BARTCO INC. %ARSHAK BARTOUMIAN		
Address 1 Suite 1111			Address 1 8045 S. HIGHWAY 95		
Address 2 (optional) City MOJAVE VALLEY		AZ State	86440 Zip	Address 2 (optional) City MOJAVE VALLEY	
		AZ State	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 Director Attachment form C082.					
HAGOP BARTOUMIAN Director Name					
9111 CREBS AVE Address 1					
Address 2 (optional) NORTHIDGE		CA State	91324 Zip	Address 2 (optional)	
City Country	UNITED STATES	State or Province	Zip	City Country	State or Province Zip
Date taking office (optional): 06/18/2013			Date taking office (optional):		

ARSHAK BARTOUMIAN							
Director Name 9111 CREBS AVE				Director Name			
Address 1				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):			
CORINNE BARTOUMIAN							
Director Name 9111 CREBS AVE				Director Name			
Address 1				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):			
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 Officer Attachment form C085.							
HAGOP BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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:	
CORINNE BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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:	
ARSHAK BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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):		Officer Title: Treasurer		Date taking office (optional):		Officer Title:	

- 14. FOR-PROFITS ONLY - SHARES AUTHORIZED** - see *Instructions C018i* - 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 SHARES Par Value: .0010

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

- 15. FOR-PROFITS ONLY - SHARES ISSUED** - see *Instructions C018i* - 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: Common Series: 1 Total: 100 shares Par Value: .0010

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

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.

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions MD021

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:

Jacob Parsagian

Sue?

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.

Jacob Parsagian

Jacob Parsagian

2-10-2016

Signature

Printed Name

Date

REQUIRED – check only one:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input type="checkbox"/> 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. fees 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 602-542-3025 or (within Arizona only) 800-345-5319.

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, **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 February 9, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Delaina Marzullo
Certificate Number: C20160208-1560
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



040101

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
--	--

(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

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 Zip Code 1421 E. SUNSET ROAD LAS VEGAS Nevada 89101 Mailing Address (if different from street address) City 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 SUIT 203 GLENDALE GA 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 SUIT 203 GLENDALE GA 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			

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



JEFFERY LANDERFELT
*Deputy Secretary
for Commercial Recordings*

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

February 9, 2016

Job Number: C20160208-1560
Reference Number: 20160059212-48
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20130400207-69	Articles of Incorporation	1 Pages/1 Copies



Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Delaina Marzullo
Certificate Number: C20160208-1560
You may verify this certificate
online at <http://www.nvsos.gov/>

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

COMMISSIONERS
DOUG LITTLE - Interim Chairman
BOB STUMP
BOB BURNS
TOM FORESE



JODI JERICH
Executive Director

PATRICIA L. BARFIELD
Director
Corporations Division

ARIZONA CORPORATION COMMISSION

RECEIVED

MAR 23 2016

BARTCO INC.
ARSHAK BARTOUMIAN
8045 S HWY 95

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

MOJAVE VALLEY, AZ 86440

Effective Date: 01/29/2016
File No: F-2063634-7

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**
(A.R.S.10-1503, 10-11503 & 29-802(B))

Pursuant to A.R.S. 10-1503 & 10-11503, please attach a copy of the Articles of Incorporation, and any amendments to the Articles, that have been duly authenticated (certified) by the secretary of state or by the official having legal custody of corporate records in the domicile state or country under whose laws the entity is incorporated. The authentication (certification) must be dated within sixty (60) days of delivering the Application to the Corporation Commission.

Pursuant to A.R.S 10-1503 & 10-11503, list the total number of shares issued. If no shares have been issued put zero "0".
Do not leave blank.

The wrong form was submitted. Please file the document information using the correct form enclosed, along with the correct filing fee if applicable.

-Any foreign corporation may seek authority to transact business or conduct affairs in Arizona by filing: Application for Authority to Transact Business or Conduct Affairs in Arizona

-The statutory agent must be a full-time Arizona resident with of Arizona. The statutory agent may not be listed with an out

must be appointed.

- The number of shares must be consistent with supporting documents. Two types of shares listed on supporting documents.
- The entity type must be consistent with supporting documents.

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.

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MAR 23 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 1 (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

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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<input checked="" type="checkbox"/> Certificate of Good Standing \$10.00 each x 1 (enter number of copies requested)	Subtotal:	10
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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

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MAR 07 2016

MAR 23 2016

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISIONARIZONA 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:****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:	
<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:	

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:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> Mail	Name: ARSHAK BARTOUMIAN		
	Address: 8045 S.HWY 95; P.O. BOX 5077		
	City: MOHAVE VALLEY	State: AZ	Zip: 86440
	Phone: 818-636-5513		

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

MAR 23 2016

FILE NO. F-20636347

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

**APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**

Read the Instructions C018i

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

- | | |
|--|---|
| <input type="radio"/> FOR-PROFIT CORPORATION | <input type="radio"/> INSURER |
| <input type="radio"/> NONPROFIT CORPORATION | <input type="radio"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="radio"/> PROFESSIONAL CORPORATION | <input type="radio"/> CREDIT UNION |
| <input checked="" type="radio"/> CLOSE CORPORATION | <input type="radio"/> TRUST COMPANY |
| <input type="radio"/> BUSINESS TRUST | <input type="radio"/> COOPERATIVE MARKETING ASSOCIATION |
| <input type="radio"/> BUSINESS DEVELOPMENT CORP. | <input type="radio"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC. |
| <input type="radio"/> CORPORATION SOLE | <input type="radio"/> 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 C018i - 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="radio"/> Name in state or country of incorporation, with no changes -
Go to number 4. | 3.2 <input type="radio"/> 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="radio"/> 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:
CLOSING OF THE 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 C018i</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:	
ARSHAK BARTOUMIAN		ARSHAK BARTOUMIAN	
Attention (optional)		Attention (optional)	
Address 1 1421 E. Sunset Road		Address 1 8045 S HIGHWAY 95	
Address 2 (optional)		Address 2 (optional)	
City LAS VEGAS	State NV Zip 89101	City MOJAVE VALLEY	State AZ Zip 86440

11. STATUTORY AGENT IN ARIZONA -- see <i>Instructions C018i</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):	
Susan D Nelson			
Statutory Agent Name (required)			
Attention (optional)		Attention (optional)	
Address 1 674 E. Clearview Dr		Address 1	
Address 2 (optional)		Address 2 (optional)	
City Mohave Valley	State AZ Zip 86440	City	State 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 <i>Director Attachment</i> form C082.			
HAGOP BARTOUMIAN			
Director Name		Director Name	
9111 CREBS AVE			
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
NORTHBRIDGE	CA	91324	
City	State or Province	Zip	
Country UNITED STATES			
Date taking office (optional): 06/18/2013		Date taking office (optional):	

ARSHAK BARTOUMIAN							
Director Name 9111 CREBS AVE				Director Name			
Address 1				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):			
CORINNE BARTOUMIAN							
Director Name 9111 CREBS AVE				Director Name			
Address 1				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):			
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 Officer Attachment form C085.							
HAGOP BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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:	
CORINNE BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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:	
ARSHAK BARTOUMIAN							
Officer Name 9111 CREBS AVE				Officer Name			
Address 1				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):		Officer Title: Treasurer		Date taking office (optional):		Officer Title:	

14. **FOR-PROFITS ONLY - SHARES AUTHORIZED** - see *Instructions C018i* - 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 SHARES Par Value: .0010
Class: _____ Series: _____ Total: _____ Par Value: _____

15. **FOR-PROFITS ONLY - SHARES ISSUED** - see *Instructions C018i* - 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: Common Series: 1 Total: 100 shares Par Value: .0010
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

Signature Arshak Bartoumian

Printed Name ARSHAK BARTOUMIAN

Date 3-18-2016

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.
--	--	--

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.

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

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:

SUSAN NELSON

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.

Susan Nelson
Signature

SUSAN NELSON
Printed Name

3-19-16
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.

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.

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

JACOB PARSEGHIAN
7973 DARBY AVE
LAS VEGAS, NV 89117

Job: C20160208-1560
February 9, 2016

Special Handling Instructions:
CC COPY COGS EX P/U DJM

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Entity Copies	20160059212-48		1	\$2.00	\$2.00
Copies - Certification of Document	20160059212-48		1	\$30.00	\$30.00
24-HR Copy Expedite	20160059212-48		1	\$125.00	\$125.00
Cert of Existence (good standing - short form)	20130400207-69	6/18/2013 1:35:40 AM	1	\$50.00	\$50.00
Total					\$207.00

Payments

Type	Description	Amount
Cash	Cash	\$30.00
Check	Check #1265	\$302.00
Total		\$332.00

Credit Balance: \$125.00

Job Contents:

NV Corp Certified Copy Request Cover 1
Letter(s):
Certificate of Good Standing Short(s): 1

JACOB PARSEGHIAN
7973 DARBY AVE
LAS VEGAS, NV 89117



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



040101

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	

(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	BARTCO INC.																			
2. Registered Agent for Service of Process: (check only one box)	<div><input type="checkbox"/> Commercial Registered Agent: _____ Name</div> <div><input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)</div> <div>JACOB PARSEGHIAN Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</div> <div><table border="0"><tr><td>1421 E. SUNSET ROAD</td><td>LAS VEGAS</td><td>Nevada</td><td>89101</td></tr><tr><td>Street Address</td><td>City</td><td>State</td><td>Zip Code</td></tr><tr><td>1421 E. SUNSET ROAD</td><td>LAS VEGAS</td><td>Nevada</td><td>89101</td></tr><tr><td>Mailing Address (if different from street address)</td><td>City</td><td>State</td><td>Zip Code</td></tr></table></div>				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
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)	<div>1) JACOB PARSEGHIAN Name</div> <div><table border="0"><tr><td>1101 BROADWAY SUITE 203</td><td>GLENDALE</td><td>GA</td><td>91205</td></tr><tr><td>Street Address</td><td>City</td><td>State</td><td>Zip Code</td></tr></table></div> <div>2) _____ Name</div> <div><table border="0"><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Street Address</td><td>City</td><td>State</td><td>Zip Code</td></tr></table></div>				1101 BROADWAY SUITE 203	GLENDALE	GA	91205	Street Address	City	State	Zip Code	_____	_____	_____	_____	Street Address	City	State	Zip Code
1101 BROADWAY SUITE 203	GLENDALE	GA	91205																	
Street Address	City	State	Zip Code																	
_____	_____	_____	_____																	
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)	<div>JACOB PARSEGHIAN Name</div> <div>X JACOB PARSEGHIAN Incorporator Signature</div> <div><table border="0"><tr><td>1101 BROADWAY SUITE 203</td><td>GLENDALE</td><td>GA</td><td>91205</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>Zip Code</td></tr></table></div>				1101 BROADWAY SUITE 203	GLENDALE	GA	91205	Address	City	State	Zip Code								
1101 BROADWAY SUITE 203	GLENDALE	GA	91205																	
Address	City	State	Zip Code																	
7. Certificate of Acceptance of Appointment of Registered Agent:	<div>I hereby accept appointment as Registered Agent for the above named Entity.</div> <div>X JACOB PARSEGHIAN Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</div> <div><table border="0"><tr><td>6/18/2013</td></tr><tr><td>Date</td></tr></table></div>				6/18/2013	Date														
6/18/2013																				
Date																				

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



JEFFERY LANDERFELT
*Deputy Secretary
for Commercial Recordings*

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

February 9, 2016

Job Number: C20160208-1560
Reference Number: 20160059212-48
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20130400207-69	Articles of Incorporation	1 Pages/1 Copies



Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Delaina Marzullo
Certificate Number: C20160208-1560
You may verify this certificate
online at <http://www.nvsos.gov/>

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

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, **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 February 9, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Delaina Marzullo
Certificate Number: C20160208-1560
You may verify this certificate
online at <http://www.nvsos.gov/>

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

CERTIFICATE OF DISCLOSURE

Read the Instructions C003i

1. ENTITY NAME – give the exact name of the corporation in Arizona:

BARTCO INC.

2. A.C.C. FILE NUMBER (if 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>

3. Check only one of the following to indicate the type of Certificate:

- ☒ Initial (accompanies formation or registration documents)
☐ Annual (credit unions and loan companies only)
☐ Supplemental to COD filed _____ (supplements a previously-filed Certificate of Disclosure)

4. FELONY/JUDGMENT QUESTIONS :

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

4.1	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.2	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES , you MUST complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.		

5. BANKRUPTCY QUESTION:

5.1 Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in **any other corporation** (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation?

☐ Yes☒ No

5.2 If the answer to number 5.1 is **YES**, you **MUST** complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.

IMPORTANT: If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a **SUPPLEMENTAL** Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

SIGNATURE REQUIREMENTS:

Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Country **UNITED STATES**

SIGNATURE - see Instructions C003i:

By typing or entering my name and 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

Signature

Arshak Bartovmian
ArSHAK BARTOVMIAN 3-18-2016
Printed Name Date

REQUIRED - check only one:

- ☐ Incorporator - I am an incorporator of the corporation submitting this Certificate.
☒ Officer - I am an officer of the corporation submitting this Certificate.
☐ Chairman of the Board of Directors - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
☐ Director - I am a Director of the credit union or loan company submitting this Certificate.

Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Country **UNITED STATES**

SIGNATURE - see Instructions C003i:

By typing or entering my name and 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

Signature

03/14/2016
Printed Name Date

REQUIRED - check only one:

- ☐ Incorporator - I am an incorporator of the corporation submitting this Certificate.
☐ Officer - I am an officer of the corporation submitting this Certificate.
☐ Chairman of the Board of Directors - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
☐ Director - I am a Director of the credit union or loan company submitting this Certificate.

Filing Fee: None
All fees are nonrefundable - see Instructions.

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

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CERTIFICATE OF DISCLOSURE

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BARTCO INC.

2. **A.C.C. FILE NUMBER** (if 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>

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Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

- | | | | |
|------------|---|------------------------------|--|
| 4.1 | Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.2 | Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.3 | Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate, involving any of the following:

a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;
b. The violation of the consumer fraud laws of that jurisdiction;
c. The violation of the antitrust or restraint of trade laws of that jurisdiction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

- 4.4** If any of the answers to numbers 4.1, 4.2, or 4.3 are **YES**, you **MUST** complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.

5. BANKRUPTCY QUESTION:

5.1 Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in **any other corporation** (not the one filing this Certificate) on the bankruptcy or receivership of the **other corporation**?

☐ Yes☒ No

5.2 If the answer to number 5.1 is **YES**, you **MUST** complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.

IMPORTANT: If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a **SUPPLEMENTAL** Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

SIGNATURE REQUIREMENTS:

Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment form C084.
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Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

HAGOP BARTOUMIAN

Name

9111 CREBS AVE

Address 1

Address 2

NORTHRIDGE

CA

91324

City

UNITED STATES

State

Zip

Country

SIGNATURE - see Instructions C003i:

By typing or entering my name and 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

Signature

HAGOP BARTOUMIAN

03/14/2016

Printed Name

Date

REQUIRED - check only one:

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☒ **Officer** - I am an officer of the corporation submitting this Certificate.
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

CORINNE BARTOUMIAN

Name

9111 CREBS AVE

Address 1

Address 2

NORTHRIDGE

CA

91324

City

UNITED STATES

State

Zip

Country

SIGNATURE - see Instructions C003i:

By typing or entering my name and 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

Signature

CORINNE BARTOUMIAN

03/14/2016

Printed Name

Date

REQUIRED - check only one:

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☒ **Officer** - I am an officer of the corporation submitting this Certificate.
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Filing Fee: None

All fees are nonrefundable - see Instructions.

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

Fax: 602-542-4100

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C003.001
Rev. 2010

Arizona Corporation Commission - Corporations Division
Page 2 of 2

RECEIVED

MAR 23 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:	
Do you want EXPEDITED processing? <input type="checkbox"/> YES <input 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:	

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:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> Mail	Name: ARSHAK BARTOUMIAN Address: 8045 S.HWY 95; P.O. BOX 5077 City: MOHAVE VALLEY State: AZ Zip: 86440 Phone: 818-636-5513		

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

