ARIZONA CORP. COMMISSION

ARIZONA CORP COMMISSION ""
FILED



MAR I 4 2016

FILE NO. - 2076 184. 8

APR 0 7 2016

FILE NO. - 2076184-8 DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY. ARTICLES OF INCORPORATION FOR-PROFIT or PROFESSIONAL CORPORATION Read the Instructions C010i ENTITY TYPE - check only one to indicate the type of entity being formed: FOR-PROFIT (BUSINESS) CORPORATION UPROFESSIONAL CORPORATION ENTITY NAME - see Instructions C010i for naming requirements - give the exact name of the corporation: TRANSPORT PL 3. PROFESSIONAL CORPORATION SERVICES - if professional corporation is checked in number 1, briefly describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical): 4. CHARACTER OF BUSINESS - briefly describe the character of business the corporation initially intends to conduct in Arizona. NOTE that the character of business that the corporation ultimately conducts is not limited by the description provided. TRUCKING SHARES - see Instructions CO10i - list the class (common, preferred, etc.) and total number of shares of each class that the corporation is AUTHORIZED to issue - the total must be greater than zero. If more space is needed, check this box and complete and attach the Shares Authorized Attachment form C087. Note - Par Value is optional. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:** Is the Arizona known place of business address the same as the street address of the statutory agent? Yes - go to number 7 and continue No - go to number 6.2 and continue If you answered "No" to number 6.1, give the physical or street address (not a P.O. 6.2 Box) of the known place of business of the corporation in Arizona: Attention (optional)

State or

Address 1

Address 2 (optional)

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	The second residence of the second second					
7. DIRECTORS - list the na corporation. If more spa Attachment form C082.						
CLASS ONE TA	ANSPO	es me				•
ARMANDO M	ACIAS	-	Name			
CCASS ONE TA Harne ARMANDO H Address 1 4904 N LAG	WNA	RD	Address 1	وسياسي والمستحارات المساور والمسا		
COLDEN VARICY		86413	Address 2 (optional)			
Country USA	State or Province	Zip	City		State or Province	Zip
	•			-		
Name			Name		•.	
Address 1			Address 1		<u>'</u>	
Address 2 (optional)		-	Address 2 (optional)			
Country	State or Province	Zip	City	•	State of Province	Zip
		- • • • • • • • • • • • • • • • • • • •		' 		
Name			Name	<u></u>		
Address I			Address 1	•	-	
Address 2 (optional)			Address 2 (optional)			T
City	State or Province	Zip	City		State or Province	Zip

8.1 REQUIRED — give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:	8.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box):
PRMANDO MACIAS. Statutory Agent Name (required) 4906 N LABOUR RD	
ittentibn (optional)	Attention (ostional)
Addrass 1	Address 1
Address 2 (optional) OF VAILEY AZ 2086413	Address 2 (aptional) City State Zip

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10. INCORPORATORS - list the name and add every incorporator - minimum of one is requi and complete and attach the Incorporator Att	red. If more space is needed, check this hox 🗍 🧪
ARMANDO MACIAS Rame 4906 N CAGONA AD Address 1 Address 2 (optional) City VAILEY A2 BCY13 City State 2ip Country SIGNATURE - See Instructions CO18i: By checking the box marked "1 accept" below, 1 acknowledge	Address 1 Address 2 (optional) City State Zip Country SIGNATURE - see Instructions CO10i: By checking the box marked "1 accept" below, I acknowledge
Signature If Signature Of Printed Name Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:	Signature If SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK: Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:
LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited Hability company, and its name is:	LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited flability company, and its name is:
Filing Fee: \$60.00 (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable – see Instructions.	Mali: Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

REQUIRED - you must complete and submit with the Articles a Certificate of Disclosure. The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.

Please be advised that A.C.C. forms reflect only the minimum provisions required by statutar. You should seek private legal counsel for these 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.

CERTIFICATE OF DISCLOSURE

Read the Instructions COO31

1.	ENTI	TY NAME – give the exact name of the corporation in Arizor	18:		*
		CLASS ONE TRANSPORT IN	<u>c</u>		
2.	A.C.C. Find the A	FILE NUMBER (if aiready incorporated or registered in AZ) A.C.C. file number on the upper corner of filed documents OR on our website at:			

		6

DO MOY 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):
	CLASS ONE TRANSPORT 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:
	ARMANDO MACIAS
_	
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.
Sign	ARMANDO MACINS 3-14-
	Date .
	QUIRED - check only one:
12	Individual as statutory agent: I am signing on signing on behalf of myself as the individual (natural person) named as statutory agent.
<u> </u>	and a first good of that entity.
Exp	mg Fee: none (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
Please	be adviced that A.C.C. forms reflect only the minimum provisions required by stabute. You should sweet private legal counsel for those matters that may person individual pends of your business.

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COMMISSIONERS DOUG LITTLE - Chairman BOB STUMP **BOB BURNS** TOM FORESE ANDY TOBIN



JODI JERICH Executive Director

PATRICIA L. BARFIELD Director Corporations Division

ARIZONA CORPORATION COMMISSION

CLASS ONE TRANSPORT INC CLASS ONE TRANSPORT INC 4906 N LAGUNA RD

GOLDEN VALLEY, AZ 86413

Effective Date: 03/23/2016 File No: -2076184-8

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:

Before the Commission can file this document, we need a letter of acceptance from the statutory agent or the statutory agent's signature must be included in the Articles/Application.

The Certificate of Disclosure must be dated, within thirty (30) days of delivery to the Commission. The Certificate of Disclosure (domestic) must be executed by all incorporator(s)/(foreign) must be executed by a duly authorized officer listed in the application. (See A.R.S. 10-202(D) & 10-3202(D)(3))

The selection made in article one requires a professional corporate identifier to be used in the name.

The corporation itself cannot be appointed as the statutory agent in article 8.

Resubmit with the statement of domestication.

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.

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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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ARIZONA CORP. COMMISSION			
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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: CLASS ONE TRANSPORT 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 ide screedule) Subtotal:
Do you want EXPEDITED processing? YES NO If YES, add \$35.00 Subtotal:
Corporation certified copies \$ 5.00 each x (enter number of copies requested) Subtotal:
LLC certified copies \$10.00 each x (enter number of copies requested) Subtotal:
Certificate of Good Standing \$10.00 each x (enter number of copies requested) Subtotal:
TOTAL YOUR AMOUNT OWED TOTAL AMOUNT DUE:
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): Email Email address: FNLMASA C GMALL - COM
Phone:
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.invin.ga. toloopskerdillanuments.com/seconds to a common telescopial

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

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1. WHAT A	RE YOU FILING? Y Change to existing entity Re-submission/Correction
2. ENTITY	•
	CLASS ONE THANSPORT INC
	ATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):
Document fill	ng fee (fees are listed on the bottom of the form or on the fee schedule) Subtotal:
	EXPEDITED processing? YES NO If YES, add \$35.00 Subtotal:
	on certified copies \$ 5.00 each x (enter number of copies requested) Subtotal:
LLC certific	
Certificate	of Good Standing \$10.00 each x (enter number of copies requested) Subtotal:
TOTAL YOUR AN	MOUNT OWED TOTAL AMOUNT DUE:
checks or mon abbreviations. C include: no kny handwritten or s credit cards - I online certificate	nail cash. Cash may be used only for in-person submittals. New orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no shecks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS rivided or preprinted name and address of the account including the amount sections. UNACCEPTABLE CHECKS rivided or preprinted name, addresses, or check numbers; temporary checks (new accounts). It is stamped names, addresses, or check numbers; temporary checks (new accounts). It is person submittals, and for online corporation annual reports, online name reservations, or so if good standing. We accept only Visa, MasterCard, and American Express. ED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):
Email	Empli address: FNL MASA E GMAIL. COM
☐ Pick up	Note: EMAIL IS ILLEGIBLE Phone:
Mail	Flague:
	Adelpse:
	City: State: Zip:
	Phone:
DOCUMENTS Y	WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)
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View current processing times at: www.azcc.gov/Divisions/Corporations

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ARIZONA CORP COMMISSION FILED

MAR 1 4 2016



FILE NO. - 2076 184. 8

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ARTICLES OF INCORPORATION

	FOI	R-PROFIT or	PROFESSIONA	L CURPUN	~1+014		
		Re	ead the Instruction	ns <u>C010i</u>			
ENTI	ITY TYPE - chec		o indicate the type CORPORATION				
	TTY NAME - <u>see</u>) pration:	Instructions C	<u>:010i</u> for naming	requireme	nts – give (the exact i	name of the
	CLASS	ONE	TRANSP	ser.	PC		
describ	FESSIONAL COR be the professional ser ating, medical):	PORATION S vice or services t	SERVICES - if protessional	ofessional cor corporation w	poration is ch viil provide (e	necked in nur xamples: law	mber 1, briefly r firm,
	TRANA	OR 774 170	N SER	vice=	, TRI	ckind	6
	RACTER OF BUS: ct in Arizona. NOTE ti ption provided.						
	•					_	
SHAI class to	RES - <u>see Instruc</u> that the corporation is ox and complete a	AUTHORIZED t	to issue - the total m	ust be greate	r then zero.	ital number o	of shares of ea
SHAI class to	that the corporation is ox and complete a	AUTHORIZED to add attach the Sha	o issue - the total mares Authorized Attac	ust be greate hment form (i, etc.) and to r then zero. 2087. Note	etal number of 1f more space - Par Value	of shares of each of is needed, of is optional.
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SHAI class to this bo	If you answered	Series: Series: Series: Series: ACE OF BUS nown place of Yes - go No - go i "No" to num	Total:	ust be greate thment form (S; s the same entinue c physical	or street	tal number of if more space - Par Value -	if shares of eace is needed, of is optional.
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SHAI class to this bo	CONA KNOWN PI Is the Arizona ki statutory agent? If you answered Box) of the kno	Series: Series: Series: Series: ACE OF BUS nown place of Yes - go No - go i "No" to num	Total: Total:	ust be greate thment form (S; s the same entinue c physical	or street	tal number of if more space - Par Value -	is shares of eace is needed, of is optional.
SHAI class to this bo	CONA KNOWN PI Is the Arizona ki statutory agent? If you answered Box) of the kno	Series: Series: Series: Series: ACE OF BUS nown place of Yes - go No - go i "No" to num	Total: Total:	ust be greate thment form (S; s the same entinue c physical	or street	tal number of if more space - Par Value -	is shares of eace is needed, of is optional.
SHAI class to this bo	CONA KNOWN PI Is the Arizona ki statutory agent? Attention (optional) Address 1	Series: Series: Series: Series: ACE OF BUS nown place of Yes - go No - go i "No" to num	Total: Total:	ust be greate thment form (S; s the same entinue c physical	or street	tal number of if more space - Par Value -	is shares of eace is needed, of is optional.

7. DIRECTORS - list the name corporation. If more space is Attachment form C082.			
	SPORT MC		
CASS ONE THAN. HERMANDO MAC HOLL N LAGUA MINES 2 (MINES)	45	Name	
HAOL N LAGUA	A RD	Address 1	
ROLDEN VALLEY A		Underges & Jahonimit	
Gunbry USA State Provis	oe Zip	City	State or Zip Province
ome	, , <u>, , , , , , , , , , , , , , , , , </u>	Name	
ddress 1		Address 1	
Idress 2 (optional)		Address 2 (optional)	
ty State Provice		City	State of Zip Province
une .		Name	
idress 1		Address 1	
(dress 2 (optional)		Address 2 (optional)	
ty State Provin		Chy	State or Zip Province

8.1 REQUIRED — give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:	8.2 OPTIONAL - mailing address of statutory agent (can be a P.O	
ARMANDO MACIAS. Statutory Agent Name (required) 4906 N LABOURA RD		
itiention (optional)	Attention (optional)	
Address 1	Address I	
GOLDEN VAILEY STAR ZUB6413	Address 2 (optional) City State 2	<u> </u>

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ARMANDO MACIAS				
ARMANDO MACIAS FROM 4906 N CAGNA AD	Hame	······································		· · · · · · · · · · · · · · · · · · ·
Address I	Addres	s 1		
Address 2 (optional)				
GOLDEN VAILEY AZ 86413	Abores	s 2 (optional)		1
City State 240	City		- State	Zip
Country	Countr	<u></u>		
SIGNATURE - <u>see Instructions (TITA):</u>	SIGN	IATURE - <u>see Instructions</u>	: C010i:	
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.	unde.	ecking the box marked "I r penalty of perjury that the ttachments is submitted in	is document	together with
X A		□ IA	CCEPT	
Muas Do HACIAS 3-14-16	Signa	lure	······································	······································
Printed Home Date	Prints	d Name		Date
IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:	IF SE	NING FOR AN ENTITY, CH		
Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:		Corporation as Incorp officer or authorized age name is:	orator - I an nt of a corpor	signing as an ation and its
CLASS ONE TRANSPORT IN	-	en grande i de la companio de la co		
LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited flability company, and its name is:		t.i.C as Incorporator - manager, or authorized a company, and its name	egent of a lin	as a member, nited Hability
			4 F	
Filing Fee: \$60.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail:	Arizona Corporation Con Corporate Filings Section 1300 W. Washington St.	3	izona 85007

REQUIRED - you must complete and submit with the Articles a <u>Certificate of Disclosure</u>. The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.

		,

DO NOT WRITE ADOVE THIS LINE; RESERVED POR ACC USE ONLY.

CERTIFICATE OF DISCLOSURE

Read the Instructions COO3i

1.	ENTI	TY NAME - give the exact name of the corporation in Arizona:		1
		CLASS ONE TRANSPORT INC		
2.	A.C.C. Find the	FILE NUMBER (if already incorporated or registered in AZ):	.cov/Dhrisions/Co	recrations
3.		only one of the following to indicate the type of Certificate:		•
	Ĺ.	Initial (accompanies formation or registration documents)		
		Annual (credit unions and loan companies only)		
		Supplemental to COD filed (supplements a previous control of the control o	usty-filed	
		Certificate of Disclosure)		
4.		Y/JUDGMENT QUESTIONS :		
	contro	ny person (a) who is currently an officer, director, trustee, or incorports or holds over ten per cent of the issued and outstanding common frany other proprietary, beneficial or membership interest in the con-	shares or te	n per
	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?	☐ Yes	[]/No
		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?	☐ Yes	[⊒\4[o
	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? 	☐ Yes	Ŋ No
	4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES , you MU and attach a Certificate of Disclosure Felony/Audoment Attachment for		•

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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):
	CLASS ONC PRAISPORT 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:
	ARMANDO MACIAR
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.
(ARMANDO MACINS 3-14-1,
	QUIRED - check only one: Individual as statutory agent: I am Entity as statutory agent: I am signing on
"	signing on behalf of myself as the individual behalf of the entity named as statutory agent,
ļ	(natural person) named as statutory agent. and I am authorized to act for that entity.
Fi	fing Fee: none (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section
Ā	rpedited processing - not applicable. 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the sulniseum provisions required by statute. You should seek private legal course for those mateurs that may pertain to the individual needs of your business.

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COMMESSIONERS DOUG LITTLE - Chairman **BOB STUMP BOB BURNS** TOM FORESE ANDY TOBIN



JODI JERICH Executive Director

PATRICIA L. BARFIELD Director Corporations Division

ARIZONA CORPORATION COMMISSION

CLASS ONE TRANSPORT INC CLASS ONE TRANSPORT INC 4906 N LAGUNA RD

GOLDEN VALLEY, AZ 86413

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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:

Before the Commission can file this document, we need a letter of acceptance from the statutory agent or the statutory agent's signature must be included in the Articles/Application.

The Certificate of Disclosure must be dated, within thirty (30) days of delivery to the Commission. The Certificate of Disclosure (domestic) must be executed by all incorporator(s)/(foreign) must be executed by a duly authorized officer listed in the application. (See A.R.S. 10-202(D) & 10-3202(D)(3))

The selection made in article one requires a professional corporate identifier to be used in the name.

The corporation itself cannot be appointed as the statutory agent in article 8.

Resubmit with the statement of domestication.

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.

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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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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

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