ARIZONA CORP. COMMISSION

ARIZONA CORP COMMISSION FILED

FILED

AZ Corp. Commission

MAR 14 2016

APR 1 4 2016

	FILE NO 2076 184. 8 FILE NO 2076 184-8 AZ CORPORATION COMMISSI	DN
	DO NOT WRETE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.	
	ARTICLES OF INCORPORATION APR 0 7 2016 FOR-PROFIT or PROFESSIONAL CORPORATION	
	Read the Instructions CO10i HE NO -2076184-8))
1.	ENTITY TYPE - check only one to indicate the type of entity being formed: [FOR-PROFIT (BUSINESS) CORPORATION	
2.	ENTITY NAME - see <u>Instructions C010i</u> for naming requirements - give the exact name of the corporation:	
*	CLASS ONE TRANSPORT, PC	
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):	
	TRANFORTATION SERVICE, TRUCKING	
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	
5.	SHARES - <u>see Instructions CO10i</u> - 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 <u>Shares Authorized Attachment</u> form CO87. Note - Par Value is optional.	
	Class: COMMON Series: Total: 1 Par Value: 1/1000	
	Class: Series: Total: Par Value:	
•	and the property of the control of	
6.	ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:	
	6.1 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	
	6.2 If you answered "No" to number 6.1, give the physical or street address (not a P.O. Box) of the known place of business of the corporation in Arizona:	

Artzona Corporation Commission – Corporations Disease:
Page 1 at 3

C010.002 Rev: 2013 Attention (optional)

Address 2 (optional)

.

!

	<u> </u>				<u> </u>	•
-		نسه د	٠.			
ARMANDO	MACIAS		Name	·		
ARMANOO HESS 1 HESS 1 HESS 2 (Giftlories)	16UNA	æΔ	Address 1			
BOLDEN VARIET	1.2	86412	Address 2	(optional)		
ountry USA	State or Province	Zip	1		State or Province	Zip
euntry 1/7/4	· · · · · · · · · · · · · · · · · · ·		Country	333 AGE 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
arre			Rame			
Odress 1	· · ·	•	Address 1			
ddress 2 (optional)			Address 2	! (optional)		<u> </u>
Ountry	State or Province	Zip	City		State of Province	Zip
o yeas y			Country			
ame .			Name		· · · · · · · · · · · · · · · · · · ·	
ddress 1	<u> </u>		Address 1	*		· · · · · · · · · · · · · · · · · · ·
ddress 2 (optionsi)			Address 2	(optional)		
ountry	State or Province	Zap .	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 - meiling address in Arizona of statutory agent (can be a P.O. Box):			•
Statutory Ages	MANDO MACIAS. R Marrie (regulard) OG N LABOURA RD				
Altention (opti	onal)	Altertion (optional)			
Address I		Address 1	. <u> </u>		
Address 2 (op)	EN VAILEY #2 2,86413	Address 2 (optional)	State	Zie	

			,
			ŧ

10. INCORPORATORS - list the name and address, and provide the signature, of each and every incorporator - minimum of one is required. If more space is needed, check this box [and complete and attach the Incorporator Attachment form C084. ARMANDO Address 1 Address 2 (optional) 7164 SIGNATURE - see Instructions CO101: SIGNATURE - see Instructions CO10i: By checking the box marked "I accept" below, I acknowledge By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with under penalty of perjury that this document together with any attachments is submitted in compilance with Arizona law. any attachments is submitted in compliance with Arizona law. Y ACCEPT I ACCEPT IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK: Corporation as Incorporator - I am signing as an Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its officer or authorized agent of a corporation and its name is: name is: ARMANDO LLC as Incorporator - I am signing as a member, LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited (lability manager, or authorized agent of a limited Rability company, and its name is: company, and its name is: Mall: Arizona Corporation Commission Filing Fee: \$60.00 (regular processing) Corporate Filings Section Expedited processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. 602-542-4100 Fax: Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to individual needs of your business.

All documents filed with the Arizons Corporation Commission are guidific record and are open for public inspection. If you have questions after reading the Instructions, places call 602-542-3026 or (within Arizona only) 800-345-5819.

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.

			
			,
			+

OO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

CERTIFICATE OF DISCLOSURE

Read the Instructions C003i

1.	ENTI	TY NAME - give the exact name of the corporation in Arizona:		:			
		CLASS ONE TRANSPORT INC					
2.	A.C.C. Find the	FILE NUMBER (if already incorporated or registered in AZ): <u>20</u> LC.C. file number on the upper corner of filed documents OR on our website at: http://www.azco	76184 .aav/Dhrisians/Cr	S proporations			
3.		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 3-14-16 (supplements a previo Certificate of Disclosure)	usty-filed				
4. (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?	☐ Yes	[]Mo			
	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?	☐ Yes	[]∕n/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 	[] Yes	₩ No			
	4.4	that jurisdiction? 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/Judgment Attachment for		e			

		4
		i
		•

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 curporation, served in any such capacity or held a twenty per cent of any other proprietary, beneficial or membership interest in the curporation, served in any such capacity or held a twenty per cent of the insured on the bankruptcy or receivership of the ather corporation? 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 50 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 and suther/said officer. SIGNATURE I will elected and author/said officer. This Certificate or Disclosure: This Certificate must be signed by all incorporators. If more space is needed, complete and attach an incorporator strachment form C084. Foreign corporations: 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 must be signed by all incorporators. If more space is needed, complete and attach an incorporator attachment form C084. Foreign corporations: 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 must be signed by all incorporations. If more space is needed, complete and attach an incorporator attachment form C084. Foreign corporation and Loan Companies: This Certificate must be signed by any 2 officers or directors. Page 1 and 1	5. BANKRUPTCY QUESTIC				
Disclosure Sankruptcy Attachment form CODS. 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 the 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 CD84. Foreign corporations: This Certificate must be signed by all incorporator of the Certificate must 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. Paramanana Dalacias This Certificate must be signed by any 2 officers or directors. Name Address 1 Address 1 Address 2 Signature - see Instructions CO03i: By typing or entering my name and checking the box marked of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificate. Directors - 1 am an incorporator of the corporation submitting this Certificat	incorporator, or the issued and of any other proprie corporation, servicent interest in a Certificate) on the corporation?	(b) who controls or houtstanding common setary, beneficial or model in any such capaciny other corporations bankruptcy or received.	olds over twenty per cent of hares or twenty per cent of embership interest in the lity or held a twenty per on (not the one filing this livership of the other		₽¥0
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 than 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: Oncipiete and attach an incorporators. If more space is needed, complete and attach an incorporators Attachment form COS4. Foreign corporations: This Certificate must be signed by all incorporators. If more space is needed, complete and attach an incorporator Attachment form COS4. Foreign corporations: This Certificate must be signed by a duly authorized officer or by the Chairman of the Board of Directors. This Certificate must be signed by any 2 officers or directors. This Certificate must be signed by any 2 officers or directors. This Certificate must be signed by any 2 officers or directors. Address 1 Address 2 Cov. Signature — see Instructions COOSI: By typing or entering my name and checking the box marked of a coccept below, I extensively and a compensation submitting this Certificate. Officer - I am an incorporator of the corporation submitting this Certificate. Officer - I am an officer of the corporation submitting this Certificate. Officer - I am an officer of the corporation submitting this Certificate. Officer - I am an officer of the corporation submitting this Certificate. Officer - I am an officer of the corporation submitting this Certificate. Officer - I am an officer of the corporation submitting this Certificate.	5.2 If the answer to r	number 5.1 is YES, ye	ou MUST complete and attack	h a Certifical	e of
Initial Certificate of Disclosure: This Certificate must be signed by all incorporators. If more space is needed, complete and attach en incorporator Attachment form COS4. Foreign corporations: This Certificate must be signed by a duily authorized officer or by the Chairman of the Board of Directors. Tredit Unions and Loan Companies: This Certificate must be signed by a duily authorized officer or by the Chairman of the Board of Directors of the corporation submitting this Certificate. This Certificate must be signed by a duily authorized officer or by the Chairman of Director of Directors of the corporation submitting this Certificate. Director - I am an incorporator of the corporation submitting this Certificate. Director - I am an officer of the corporation submitting this Certificate. Director - I am an Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Directo	Certificate becomes an officer, dire outstanding shares or ten per cent corporation must submit a SUPPLE by a duly elected and authorized or	ctor, trustee or person cor of any other proprietary, I MENTAL Certificate providi	ntrolling or holding over ten per cent beneficial or membership interest in i	of the issued a the corporation	no , the
complete and attach an Incorporator Attachment form CD84. Foreign corporations: This Certificate may be signed by a duity authorized officer or by the Chairman of the Board of Directors. Credit Unions and Loan Companies: This Certificate must be signed by a duity authorized officer or by the Chairman of the Board of Directors and Date of Directors. This Certificate must be signed by any 2 officers or directors. Address 1 Address 2 Only State 2/9 Country State 2/9 Country State 2/9 State 2/9 Country State 3/9 State 1/9 Country State 2/9 Country State 3/9 Country State 2/9 Country State 3/9 Country State 2/9 Country State 3/9 Count	Initial Certificate of Disclosure:	This Certificate must be	e signed by all incorporators. If mo	re space is nee	ded,
the Board of Directors. This Certificate must be signed by any 2 officers or directors. ALMANDO MACIAS Name Address 1 Address 1 Address 1 Address 2 Address 2 Address 2 Address 1 Address 1 Address 2 Address 2 Control VALIEY State 20 Control VALIEY Control VALIEY Control VALIEY Control VALIEY Control VALIEY Address 1 Address 2 Control VALIEY State 20 Control VALIEY Control VALIEY State 20 Control VALIEY Control VA		complete and attach a	in Incorporator Attachment form COS	4.	
Name Name Address 1 Address 2 Copy Country US & State Divy Country SIGNATURE - see Instructions CO03i: By typing or entering my name and checking the box marked in compliance with Arizona law. 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 Address 1 Address 2 Copy Country SIGNATURE - see Instructions CO03i: I accept on the instruction of Coordinate I accept on the instruction of Coordinate I accept on the instruction CO03i: I accept on the instruction CO03i: SIGNATURE - see Instructions CO03i: I accept on the instruction of Co	Foreign corporations:			Or by the Cham	A CANADA CONTRACTOR
Name	Credit Unions and Loan Companie	This Certificate must	be signed by any 2 officers or directo	rs.	
By typing or entering my name and checking the box marked if accept" below, I acknowledge under penalty of perjury that his document together with any attachments is submitted in compliance with Arizona law. Signature ARCEPT Signature ARCEPT Signature ARCEPT Date Printed Name 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 of the corporation submitting this Certificate. Director – I am a Director of the corporation submitting this Certificate. Director – I am a Director of the corporation submitting this Certificate. Director – I am a Director of the credit union or loan company submitting this Certificate. Filing Fee: None By typing or entering my name and checking the box market "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law. By typing or entering my name and checking the box market "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law. Signature Finate Name REQUIRED – check only one: Incorporator – I am an incorporator of the corporation submitting this Certificate. Officer – I am an incorporator of the corporation submitting this Certificate. Director – I am a Director of the credit union or loan company submitting this Certificate. Director – I am a Director of the credit union or loan company submitting this Certificate. Printed Name REQUIRED – check only one: Incorporator – I am an incorporator of the corporation submitting this Certificate. Director – I am a Director of the credit union or loan company submitting this Certificate. Director – I am a Director of the credit union or loan company submitting this Certificate.	LOEN VAILEY	AZ 86403	City Country	State	Zip
Printed Name 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 of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the credit union or loan company submitting this Certificate. Mail: Arizona Corporation Commission - Corporate Filings Section 1909 W Washington St., Phoentx, Arizona 85007	By typing or entering my name and "I accept" below, I acknowledge un- this document together with any at- compliance with Arizona law.	checking the box marked der penalty of perjury that achments is submitted in	By typing or entering my name "I accept" below, I acknowledg this document together with ar compliance with Arizona law.	e and checking to be under penalty by attachments	r of persury as
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 corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Mail: Arizona Corporation Commission - Corporate Filings Sections of the Corporation Corpor	Signature An unanda Man	ine 3-14-		<u> </u>	
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 corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation submitting this Certificate. Director - I am a Director of the corporation company submitting this Certificate. Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W Washington St., Phoentx, Arizona 85007	Printed Name	Date	Printed Name		Date
Filing Fee: None Mail: Arizona Corporation Commission - Corporate Filings Sec	Incorporator - 1 am an incorporation submitting this corporation submitting this conflict of submitting this Certificate Chairman of the Board of Disubmitting this Certificate. Director - I am a Director of Director - I am a Di	Certificate: the corporation Directors - I am the rectors of the corporation of the credit union or loan	Incorporator - I am a corporation submitting Officer - I am an office submitting this Certifice Chairman of the Board Submitting this Certifice Submitting this Certifice Director - I am a Dire	n incorporator of this Certificate. Fro of the corporate of of Directors of the corporate of the credition of the creditions of the creditions of the credition	ration - I am the the corporation
	Filing Fee: None		Mail: Arizona Corporation Comm 1300 W. Washington St., P	ission - Corpora hoenix, Arizona	ete Filings Sec 85007

Please be advised that A.C.C. forms reflect only the minimum provisions required by stable. 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 impection.

If you have questions after reading the Instructions, please call 602–542-3026 or (within Arizona only) 800-345-5819.

C903.001 Rev: 2010

	•
	+

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):
	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.	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.
Signa	ARMANDO MACIAS 3-14-
REQ	UIRED - 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.
All fi	g Fee: none (regular processing) edited processing - not applicable. ees are nonrefundable - see Instructions. Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
venet i	be advised that A.C.C. forms reflect only the minimum provisions required by stabule. You should suck private legal counsel for those mothers that may pertain

to the individual needs of year business. All documents filed with the Arizona Corporation Commission are public record and ore open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) \$00-345-5819,

		•

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



PORT RESICH **Executive Director**

PATRICIA L. BARFIELD Director Corporations Division

ARIZONA CORPORATION COMMISSION

CLASS ONE TRANSPORT, PC CLASS ONE TRANSPORT INC. 4906 N LAGUNA RD

GOLDEN VALLEY, AZ 86413

Effective Date: 04/13/2016 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 you must complete page 2 of the Certificate of Disclosure and make sure to add the date and check the box next to Incorporator. Remove the company name from #7 and #10 The company's name must be consistent throughout the document. Lastly, please re-submit a clear copy of the document. Pursuant to A.R.S. 10-120 all documents must be typewritten and legible, and capable of microfilm and subsequent reproduction as determined by the Commission.

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.

			ŕ
			·
			*
		i e	

APR 0 7 2016

APIZONA CORP. COMMISSION GO NOT WRITE ABOVE THIS LINE; RESERVED FOX ACT USE ONLY.

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

	•		SILL FUR ERLI	MARLUME	
1. WHAT	RE YOU FILING?		•		
New Entit	Y Change to	existing entity	Re-submission/Co	rrection	
2. ENTITY		,	`		
	CLASS O	NE TRAN	SPORT INC		
Document fil	log for as	copies, dedicace or go	od standing and expedite	d processing	
Do you want	EXPEDITED proces	sing? Tyes	form or on the internal last		Subtotal:
	on certified copies			add \$35.00	Subtotal:
IIC certif	ed copies		(enter number of copies		Subtotal:
	of Good Standing	\$10.00 each x	(enter number of copies	requested)	Subtotal:
		\$10.00 each x	(enter number of copies	requested)	Subtotal:
OTAL TOUR A	MOUNT OWED			TOTAL AMO	UNT DUE:
handwritten or Credit cards - online certificat	stamped names, address may be used for in-pere es of good standing. We ED - RETURN DEL	ses, or check numbers on Submittels, and for accept only Vise, Mass IVERY OPTION (PLEASE PRINT CLEA	oed or preprin accounts). I reports, onli press.	ne name reservations, or
Pick up	Name:	MASA C 61	HALL-COM		
Mall				Phone:	a continued a
	Nome: Address:				

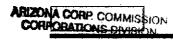
	City:		State:		Ze:
DOCUMENTS	Phone:	HEV ARE NOT PECKE	O UP IN A TIMELY MAN	NER (APPRO	XXMATELY ONE WEEK
			ON COMMISSION USE		
Pick-up i	Y:			_ DATE:_	
15	current processing time			والمتعارب والمتعارف والمتعارف والمتعارف	

CPOALRAIS) Edizates

		,
		,
		•



APR 1 4 2016



	2	
	ľ	1
)	4
	,	. 1
	1	البينونيوسيتيب

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 A	E YOU FILING?	
☐ New Entity	Change to existing entity Re-submission/Cor	rection
2. ENTITY I	LASS ONE TRANSPORT INC	
3. CALCULA	TE YOUR FEES (copies, certificate of good standing and expedited	processing are all optional):
	g fee (fees are listed on the bottom of the form or on the fee sched	اباد) Subtotal:
Do you want (XPEDITED processing? YES NO IF YES, a	add \$35.00 Subtotal:
	n certified copies \$ 5.00 each x (enter number of copies	requested) Subtotal:
LLC certific		requested) Subtotal:
☐ Certificate	of Good Standing \$10.00 each x (enter number of copies	requested) Subtotal:
TOTAL YOUR AN	OUNT OWED	TOTAL AMOUNT DUE:
include: no impr handwritten or s Credit cards ~ online certificate	necks must be completely and properly filled out, including the amount inted or preprinted name and address of the account holder; no imprint tamped names, addresses, or check numbers; temporary checks (new nay be used for in-person submittals, and for online corporation annuals of good standing. We accept only Visa, MasterCard, and American Ex	ted or preprinted check number; accounts). I reports, online name reservations, or press.
	Email address: FNLMASA C GMAIL-COM	
Pick up	Name:	Phone:
Mail	Name:	
	Address: City: State:	Zip:
	Phone:	∠φ;
		MICO (ARRONANIATE) V AME MICEVI
DOCUMENTS 1	VILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MAN	
DOCUMENTS 1	FOR ARIZONA CORPORATION COMMISSION USE	
PICK-UP B	FOR ARIZONA CORPORATION COMMISSION USE	

			•

ARIZONA CORP COMMISSION FILED

MAR 1 4 2016

FILE NO. - 2076 184. 8



DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

ARTICLES OF INCORPORATION FOR-PROFIT OF PROFESSIONAL CORPORATION

	Read the Instructions C010i
1.	ENTITY TYPE - check only one to indicate the type of entity being formed: [] FOR-PROFIT (BUSINESS) CORPORATION [] PROFESSIONAL CORPORATION
2.	ENTITY NAME - see Instructions CO101 for naming requirements - give the exact name of the corporation:
	CLASS ONE TRANSPORT, PC
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):
	TRANFORTATION SERVICE, TRUCKING
4.	
	TRUCKING.
	SHARES - see Instructions C010i - 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. Common Series: Total:
•	Class: Series: Total: Par Value:
.	
6.	ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: 6.1 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 6.2 If you answered "No" to number 6.1, give the physical or street address (not a P.O.
	Box) of the known place of business of the corporation in Arizona:
	Attention (optional)
	Address 1
	Address 2 (options)
	State or Prevince
	1

MORPHANIO CEC COL

. No carporate for

 DIRECTORS - list the corporation. If more s Attachment form C082 	pace is nee	ded, check th	nis box and comple	ete and attach the <u>Director</u>
_ 9	<u>'</u>	***	· · · · · · · · · · · · · · · · · · ·	
MRMANDO 1	MACIAS	>	Name	
MRMANDO I Idress 1 4906 N CA Idress 2 (optional)	GUNA	RD	Address 1	
POLDEN VARIET	12	86413	Address 2 (optional)	
ountry USA	State or Province	Zip	Country	State or Zip Province
orre.	····		·	
			Name	
ddress 1	•	•	Address 1	
ddress 2 (optienal)		-	Address 2 (optional)	
ountry	. State or Province	Zip	Country	State of Zip Province
			·	
атте		-	Name	
Mriss 1		-	Address 1	
Mress 2 (optional)			Address 2 (optional)	
eentry	State or Province	Zip	Country	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 in Arizona of statutory agent (can be a P.O. Box):
Statutory Agent Name (regulard) 1906 N LABORA RD Attention (optional)	
Address (Attention (optional) Address 1
GOLDEN VAILEY STATE 2486413	Address 2 (options) City State Zip

			,
	·		

10. INCORPORATORS - list the name and address, and provide the signature, of each and every incorporator - minimum of one is required. If more space is needed, check this box and complete and attach the Incorporator Attachment form C084. RUANDO Address 1 Address 2 (optional) Cliv SIGNATURE - see Instructions CO101: SIGNATURE - see Instructions CO10: By checking the box marked "I accept" below, I acknowledge By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law. any attachments is submitted in compliance with Arizona law. T ACCEPT ☐ I ACCEPT if signing for an entity, check one, fill in blank: IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK: Corporation as Incorporator - I am signing as an Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its officer or authorized agent of a corporation and its name is: name is: RMANDA LLC as Incorporator - I am signing as a member, LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited liability manager, or authorized agent of a limited Hability company, and its name is: company, and its name is:

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.

Filing Fee: \$60.00 (regular processing)

Expedited processing - add \$35.00 to filing fee.

All fees are nonrefundable - see Instructions.

Mail: Artzona 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 partials to the individual needs of your business.

All documents filed with the Artzona 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 Artzona only) 800-345-5819,

	,	

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

CERTIFICATE OF DISCLOSURE

Read the Instructions COO3i

3. (A.C.C. FILE NUMBER (if already incorporated or registered in AZ):	gov/Divisions/Co	S reportations
l. F	Initial (accompanies formation or registration documents) Annual (credit unions and loan companies only) Supplemental to COD filed	usiy-filed	
	ELONY/JUDGMENT QUESTIONS: Has any person (a) who is currently an officer, director, trustee, or incorporatively or holds over ten per cent of the issued and outstanding common cent of any other proprietary, beneficial or membership interest in the corporation.	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	CINO
	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?	ŢYes	D∤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? 	Yes	₽¥No

	1
	*
	•

BANKRUPTCY QUESTION				
5.1 Has any person (a) Incorporator, or (b) the issued and outs any other proprieta corporation, served cent interest in any Certificate) on the	who is currently an of who controls or hold standing common shary, beneficial or mem in any such capacity other corporation bankruptcy or receive		Yes	₽No
5.2 If the answer to num Disclosure Bankrupto	mber 5.1 is YES, you Attachment form CO	MUST complete and atta 05.	ch a Certifica	te or
IMPORTANT: If within 60 days Certificate becomes an officer, directs outstanding shares or ten per cent corporation must submit a SUPPLEME by a duly elected and authorized office	or, trustee or person control any other proprietary, ber NTAL Certificate providing	tificate to the A.C.C. any person biling or holding over ten per ce reficial or membership interest in information about that person,	n the conscration	i. the
SIGNATURE REQUIREMENTS: nitial Certificate of Disclosure:	This Certificate must be	signed by all incorporators. If n	nore space is nee	ded,
Foreign corporations:	This Certificate may be s the Board of Directors.	ncorporator Attachment form Co igned by a duly authorized offic	er or by the Cha	rman of
Credit Unions and Loan Companies:		signed by any 2 officers or dire	tors.	
COEN VACCY puntry USK IGNATURE - see Instructions CD03/ y typing or entering my name and cl accept" below, I acknowledge under his document together with any attacompliance with Arizona law.	ecking the box marked	Croy Country SIGNATURE - see Instructi By typing or entering my na "I accept" below, I acknowle this document together with compliance with Arizona law	me and checking dge <i>under penal</i> any attachment	CY OF DEFRUTY UNIX
D'ACCE	T] I ACCEPT	
ARMANDO MACI	At 3-14-16	Signature		
Printed learn REQUIRED - check only one: Incorporator - I am an incorporation submitting this Co-companiting this Co-company of the Board of Director - I am a Director of company submitting this Certificate. Director - I am a Director of company submitting this Certificate.	corator of the rificate. corporation irectors - I am the ctors of the corporation the credit union or loan	Printed Name REQUIRED - check only of Incorporator - I am corporation submitting Officer - I am an off submitting this Certic Chairman of the Bos submitting this Certic Director - I am a D company submitting	n an incorporatoring this Certificati ficer of the corp ficate paid of Directors of Of Directors of ficate. irector of the cre	e. oration rs - I am the f the corporation
Filing Fee: None All fees are nonrefundable - see I	setmetions .	lail: Arizona Corporation Con 1300 W. Washington St. ax: 602-542-4100 by statute. You should seek private legs	., Phoenix, Anzol	NUCE BA

Please be advised that A.C.C. forms reflect only the minimum provisions required by stabute. You should seek private to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public imspection. 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 ACCUSE ONLY.

STATUTORY AGENT ACCEPTANCE

	Please read Instructions MOD2
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 suffer.
	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 perfury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.
1	ARMANDO MACIAS 3-14-
adii	Princed Name Date
	QUIRED - check only one:
	Individual as statutory agent: I am signing on 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.
Exp	g Fee: none (regular processing) edited processing – not applicable. ees are nonrefundable - see Instructions. Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
Please to the	be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal coursel for those matters that may pertain additional 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.

		•
		`

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, PC CLASS ONE TRANSPORT INC 4906 N LAGUNA RD

GOLDEN VALLEY, AZ 86413

Effective Date: 04/13/2016 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 you must complete page 2 of the Certificate of Disclosure and make sure to add the date and check the box next to Incorporator. Remove the company name from #7 and #10 The company's name must be consistent throughout the document. Lastly, please re-submit a clear copy of the document. Pursuant to A.R.S. 10-120 all documents must be typewritten and legible, and capable of microfilm and subsequent reproduction as determined by the Commission.

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.

2

FIL: 001 REV. 12/2012

RECEIVED

RECEIVED

APR 0 7 2016

APR 1 4 2016

-	AREZONA CONFI COMMISSION
	- 14 VOV 101

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

OO 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 1477.4-		THE PARTY OF THE P
	RE YOU FILING?	
New Entit	Change to existing entity Re-submission/	Correction
2. ENTITY		
	CLASS ONE TRANSPORT INC	
3. CALCUL	ATE YOUR FEES (copies, certificate of good standing and expec	lited processing are all preional):
Document fill	NG fee (fees are listed on the bottom of the form or on the large of	Subtotel:
OD TOO MOUL	EVECUTIED blocessings As I MO It A	S, add \$35.00 Subtotal:
	in certified copies \$ 5.00 each x (enter number of co	
☐ LLC certifi	ed copies \$10.00 each x (enter number of one	
	of Good Standing \$10.00 each x (enter number of coo	
TOTAL YOUR A	HOUNT OWED	TOTAL AMOUNT DUE:
d Samera		
	T METHOD:	
Gash - do not a	outit # ail cash, Cash may be used only for in-person submittals.	
	NEW CONTROLL IN MACHINE THE MACHINE SERVICE AND REAL PROPERTY AND ADDRESS OF THE PROPERTY	man t with all was to a second
abbreviations. C	hecks must be completely and properly filled out, including the amount of properly filled out, including the amount of the amoun	unk sections. UNACCEPTABLE CHECKS
handwritten or	carried names addresses or cheek number of these party	kamed or preprinted check mimber;
Oranie Certificati	s of speed standing. We accept only Visa, MasterCard, and American	Exercise.
5. REOUTRI	D - RETURN DELIVERY OPTION (PLEASE PRINT CL	
DE Email	Front address: FLM AAAAAA	CARLY and select only ONE):
Pick up	EMOI MINNE: FNLMASA C GMAIL COM	
☐ Mail	Market:	Photogs
ir") west	Address	
	City: Same	20:
	Phone:	
DOCUMENTS V	VILL BE MAILED IF THEY ARE NOT PICKED UP IR A TIMELY M	anner (approximately one week)
	FOR ARIZGNA CORPORATION COMPGESSION U	
PICK-UP B	Y:	DATE:
View	Cutrost agreement times the	
7 1677	current processing times at: April 10 (1997) for the processing times at:	the transfer of the control of the c

CFONRATE MORE

Arterna Corporation Commission - Corporations Division Arterna of the Land

: 11

eg tuzzjak**e**d kali di bekek ga tubi aka

RECEIVED

APR 1 4 2016

ARIZONA CORP. COMMISSION	
CORPORATIONS PARISION	

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1. WHAT AR	E YOU FILING?	existing entity	Re-submission/Cor	rection		
2. ENTITY N		·	•			
	LASS O	NE TRAN	SPORT INC			
3. CALCULA	TE YOUR FEES	onies certificate of do	od standing and expedite	t processing are all op	tional):	
	•	•	form or on the iee scile			
	XPEDITED proces			add \$35.00 Subtote	d:	
	certified copies		(enter number of copies	requested) Subtota	d:	
LLC certifie	d copies	\$10.00 each x	(enter number of copies	requested) Subtota	ıl:	
Certificate	of Good Standing	\$10.00 each x	(enter number of copies	requested) Subtota	d:	
TOTAL YOUR AM	OUNT OWED			TOTAL AMOUNT DU	E:	
Checks or more abbreviations. Che include: no impri handwritten or si Credit cards - no online certificate	ey orders - must be recks must be comple needs must be comple nted or preprinted na- camped names, addre- nay be used for in-per s of good standing. We	tely and properly filled me and address of the sses, or check numbers son submittals, and for accept only Visa, Mas	na Corporation Commission out, including the amount account holder; no impring temporary checks (new ronline corporation amuzaterCard, and American Extending CLEASE PRINT CLEA	sections. UNACCEPTA ted or preprinted chec accounts). I reports, online name press.	BLE CHECKS k number; reservations, or	
Email			MAIL - GOM			
☐ Pick up	Name:			Phone:		
Mail	Name:					
	Address:					
	City:		State:	Zip:		
	Phone:					
DOCUMENTS V	VILL BE MAILED IF	THEY ARE NOT PICK	ED UP IN A TIMELY MAI	INER (APPROXIMAT	ELY ONE WEEK)	
	FOR	ARIZONA CORPORAT	TION COMMISSION USE	ONLY		
PICK-UP B	PICK-UP BY: DATE:					

View current processing times at: https://www.kich.gov/for/slens/Corporations/document-processing-times.pdf

Arizona Corporation Commission – Corporations Division
Page 1 of 1

CFCVLR REV 03/2015

•