

**MAY 19 2016**

**JUN 03 2016**

**FILE NO. 20938262**

**FILE NO. 20938266**

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

**ARTICLES OF INCORPORATION  
FOR-PROFIT or 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 C010i for naming requirements - give the exact name of the corporation:**

The Bull Market, Inc.

**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):

Benefit Corporation

**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.

To support local farmers & provide healthy food in low access food market.

**5. 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.**

Class: <u>Common</u>	Series: _____	Total: <u>1,000,000.00</u>	Par Value: <u>\$1</u>
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 (optional)		
City	State or Province	Zip
County		



**7. DIRECTORS** - list the name and business address of each and every Director of the corporation. If more space is needed, check this box ☐ and complete and attach the Director Attachment form C082.

Name <b>Michael Meixler</b>				Name			
Address 1 <b>4451 S. White Mountain Rd Ste A</b>				Address 1			
Address 2 (optional) <b>Show Low</b>		<b>AZ</b>		<b>85901</b>		Address 2 (optional)	
City	State or Province		Zip		City	State or Province	
Country <b>UNITED STATES</b>					Country		
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip		City	State or Province	
Country					Country		
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip		City	State or Province	
Country					Country		
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip		City	State or Province	
Country					Country		

**8. STATUTORY AGENT - see Instructions C010i:**

<b>8.1 REQUIRED</b> - give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:				<b>8.2 OPTIONAL</b> - mailing address in Arizona of statutory agent (can be a P.O. Box):			
<b>Michael Meixler</b> Statutory Agent Name (required)							
Attention (optional) <b>4451 S. White Mountain Rd Ste A</b> Address 1				Attention (optional) Address 1			
Address 2 (optional)		<b>AZ</b>		<b>85901</b>		Address 2 (optional)	
City <b>Show Low</b>	State		Zip		City	State	
						Zip	
<b>8.3 REQUIRED</b> - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Incorporation.							



9. **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.

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.


Michael Meixler

Name		
4451 S. White Mountain Rd Ste A		
Address 1		
Address 2 (optional)		
City	State	Zip
Show Low	AZ	85901
Country		
UNITED STATES		

**SIGNATURE** - see **Instructions 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.

☒ I ACCEPT

Signature	
Printed Name	Michael Meixler
Date	5/16/16

**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:

The Bull Market, Inc.

- ☐ **LLC as Incorporator** - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

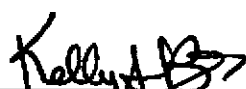
Kelly Holtmeier-Braiser

Name		
4451 S. White Mountain Rd Ste A		
Address 1		
Address 2 (optional)		
City	State	Zip
Show Low	AZ	85901
Country		
UNITED STATES		

**SIGNATURE** - see **Instructions 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.

☒ I ACCEPT

Signature	
Printed Name	Kelly Holtmeier-Braiser
Date	5/16/16

**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:

The Bull Market, Inc.

- ☐ **LLC as Incorporator** - I am signing as a member, manager, or authorized agent of a **limited liability 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.

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

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.  
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

The Bull Market, 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:

Michael Meixler

### 3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Signature  Printed Name Michael Meixler Date 5/16/16

**REQUIRED** – check only one:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input type="checkbox"/> <b>Entity as statutory agent:</b> 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.  
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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.





**CERTIFICATE OF DISCLOSURE***Read the Instructions C003/***1. ENTITY NAME** – give the exact name of the corporation in Arizona:The Bull Market, 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:

<b>4.1</b>	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
<b>4.2</b>	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
<b>4.3</b>	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
<b>4.4</b>	If any of the answers to numbers 4.1, 4.2, or 4.3 are <b>YES</b> , you <b>MUST</b> 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.

**Michael Meixler**

Name

**4451 S. White Mountain Rd. Ste A**

Address 1

Address 2

**Show Low****AZ****85901**

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

**Michael Meixler**

Printed Name

**5/16/16**

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.

**Kelly Holtmeier-Braiser**

Name

**4451 S. White Mountain Rd Ste A**

Address 1

Address 2

**Show Low****AZ****85901**

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

**Kelly Holtmeier-Braiser**

Printed Name

**5/16/16**

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

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.



**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**

**RECEIVED**

**JUN 03 2016**

**THE BULL MARKET, INC.  
MICHAEL W WILBER CPA PC  
1500 S WHITE MOUNTAIN RD  
STE 402  
SHOW LOW, AZ 85901**

**ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION**

Effective Date: 05/25/2016  
File No: -2093826-6

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:

The incorporator name must be consistent, review and correct name listed on Certificate of Disclosure address section for Michael Meixler.

The Certificate of Disclosure must be signed by the incorporators, correct the title box selected for Michael Meixler.

**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](mailto: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](http://www.azcc.gov/divisions/Corporations).





RECEIVED

JUN 03 2016

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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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:

The Bull Market, 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:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	

4. PAYMENT METHOD:

<input type="checkbox"/> MOD Account #
<b>Cash</b> - do not mail cash. Cash may be used only for in-person submittals. <b>Checks or money orders</b> - 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. <b>UNACCEPTABLE CHECKS</b> 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). <b>Credit cards</b> - 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 type="checkbox"/> Email	Email address:
<input type="checkbox"/> Pick up	Name: Phone:
<input checked="" type="checkbox"/> Mail	Name: Michael W Wilber, CPA PC
	Address: 1500 S. White Mountain Rd Ste 402
	City: Show Low State: AZ Zip: 85901
	Phone: 928-532-3226

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](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)



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JUN 03 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:**

The Bull Market, 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:	\$60.00
Do you want EXPEDITED processing? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      If YES, add \$35.00	Subtotal:	\$35.00
<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:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	<b>\$95.00</b>

**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 type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Pick up	Name:	Phone:
<input checked="" type="checkbox"/> Mail	Name: Micheal W Wilber, CPA PC	
	Address: 1500 S. White Mountain Rd Ste 402	
	City: Show Low	State: AZ      Zip: 85901
	Phone: 928-532-3226	

**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](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)

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