AZ CORPORATION COMMISSION
FILED

JUN 1 0 2016

FILE NO. L20948011

ARIZONA CORPORATION COMMISSION
FILED

MAY 2 3 2016

FILE NO. L20948011

AZ Corp. Commission
05544826

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

# ARTICLES OF ORGANIZATION

*Read the Instructions L010i*

**1. ENTITY TYPE** – **check only one** to indicate the type of entity being formed:

☒ LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company" or "LLC")

☐ PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional Limited Liability Company" or "PLLC")

**2. ENTITY NAME** – see Instructions L010i for full naming requirements – give the exact name of the LLC:

Spine Align L.L.C.

**3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** – if and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (*examples:* law firm, accounting, medical):

**4. STATUTORY AGENT for service of process** – *see Instructions L010i*

| **4.1** *REQUIRED* – give the **name** (can be an Arizona resident or an Arizona-registered entity) ***and physical or street address*** (not a P.O. Box) in Arizona of the statutory agent: | | | **4.2** *OPTIONAL* – mailing address in Arizona of Statutory Agent (can be a P.O. Box): | | |
|---|---|---|---|---|---|
| Johnny L . Smith<br>Statutory Agent Name | | | | | |
| Attention (optional)<br>9276 West Union Hills Drive | | | Attention (optional) | | |
| Address 1 | | | Address 1 | | |
| Address 2 (optional)<br>City Peoria | AZ<br>State | 85382<br>Zip | Address 2 (optional)<br>City | AZ<br>State | Zip |

**4.3** *REQUIRED*– the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

**5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

**5.1** Is the Arizona known place of business address the same as the **street address** of the statutory agent?

☒ Yes – go to number 6 and continue

☐ No – go to number 5.2 and continue

**5.2** If you answered "**No**" to number 5.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

| | | |
|---|---|---|
| Attention (optional) | | |
| Address 1 | | |
| Address 2 (optional) | AZ | |
| City<br>Country U.S.A. | State or Province | Zip |

# Special Handling

## (CORP FILING SECTION)

**PLEASE PROCESS:**

- o Mod Insufficient /Inactive mod account
- o Mod fees do not balance on the cover sheet
- o Unacceptable check(s)
- X Fee(s) & check(s) or mod does not balance
- o R/fee was not attached only $35.00 to expedite
- o No COD attached
- o Articles already approved
- o Duplicate Payment
- o Bad quality doc/lines to dark to light/doc size
- o Wrong Form used
- o No coversheet
- o No money attached
- X Other: Spine Align LLC - Do not need Articles of Incorporation payment

Doc#: 0544826 File#: L20948011 Ips Initial yt

Date: L20948011 Check # 1031

6. **DURATION** – if the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below *and* fill in the corresponding blank:

☐ The LLC's life period will end on this **date**: _____ (enter a date)

☐ The LLC's life period will end upon the occurrence of this event: (describe an event)

_____

_____

## *COMPLETE NUMBER 7 OR NUMBER 8 – NOT BOTH.*

7. **MANAGER-MANAGED LLC** – *see Instructions L010i* – check this box ☐ if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach ONLY the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

8. **MEMBER-MANAGED LLC** – *see Instructions L010i* – check this box ☐ if management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach ONLY the Member Structure Attachment form L041. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

9. **ORGANIZERS and SIGNATURE** - the individual or pre-existing entity submitting this document is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual acting for that entity, then print the individual's name.

**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.**

Organizer: Johnny L. Smith

Signature — Date: 06/07/2016

Printed Name (if different from Organizer): Johnny Lee Smith — 6/7/2016

| | |
|---|---|
| Filing Fee: $50.00 (regular processing)<br>Expedited processing – add $35.00 to filing fee.<br>All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission<br>Corporate Filings Section<br>1300 W. Washington St., Phoenix, Arizona 85007<br>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.

**JODI JERICH**
Executive Director

**PATRICIA L. BARFIELD**
Director
Corporations Division

**ARIZONA CORPORATION COMMISSION**

RECEIVED
JUN 10 2016
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

SPINE ALIGN LLC
JOHNNY L SMITH
9276 W UNION HILLS DR

PEORIA, AZ 85382

Effective Date: 05/26/2016
File No: -2094801-1

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 incorrect fee amount was enclosed. If you requested expedited service, please include the additional $35.00 fee. Make checks payable to the "Arizona Corporation Commission" and do not use the abbreviation "ACC" on the check.

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

- Filing fees for Articles of Incorporation are $60.00 regular processing or $95.00 expedited processing.
- Shares authorized attachment not required.
- If you wish to create or form an Arizona for-profit or Professional Corporation make changes indicated above.
- Articles of Organization must be filed to Create or form a limited liability company. Filing fees $50 regular processing or $85 expedited processing.

Check# 1045 in the amount of $70.00 is being returned.

**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.

AZ Corp. Commission
05505089

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:
   [X] FOR-PROFIT (BUSINESS) CORPORATION [ ] PROFESSIONAL CORPORATION

2. **ENTITY NAME** – see Instructions C010i for naming requirements – give the exact name of the corporation:

   Spine Align LLC

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.

   Chiropractic and massage services

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: | Series: | Total: | Par Value: |
|---|---|---|---|
| Common | | 100 | |
| | | | |

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
   [X] 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): Johnny L. Smith DMD | | |
| Address 1: 9276 W. Union Hills Dr. Suite A | | |
| Address 2 (optional): | | |
| City: Peoria | State or Province: AZ | Zip: 85382 |
| Country: USA | | |

**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: Johnny L. Smith | Name: |
| Address 1: 9276 W. Union Hills Drive | Address 1: |
| Address 2 (optional): | Address 2 (optional): |
| City: Peoria State or Province: AZ Zip: 85382 | City: State or Province: Zip: |
| Country: | Country: |
| Name: | Name: |
| Address 1: | Address 1: |
| Address 2 (optional): | Address 2 (optional): |
| City: State or Province: Zip: | City: State or Province: Zip: |
| Country: | Country: |
| Name: | Name: |
| Address 1: | Address 1: |
| Address 2 (optional): | Address 2 (optional): |
| City: State or Province: Zip: | City: State or Province: Zip: |
| Country: | Country: |

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

| **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 (required): Johnny L. Smith | |
| Attention (optional): | Attention (optional): |
| Address 1: 9276 W. Union Hills Drive | Address 1: |
| Address 2 (optional): | Address 2 (optional): |
| City: Peoria State: AZ Zip: 85382 | City: State: Zip: |

**8.3** *REQUIRED* - the *Statutory Agent Acceptance* 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.

Johnny L. Smith
Name

9276 W. Union Hills Drive
Address 1

Address 2 (optional)

Peoria | AZ | 85382
City | State | Zip

USA
Country

**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

Johnny L. Smith | 5/19/16
Printed Name | Date

**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 liability company**, and its name is:

Name

Address 1

Address 2 (optional)

City | State | Zip

Country

**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 | Date

**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 liability company**, and its name is:

| | |
|---|---|
| Filing Fee: $60.00 (regular processing)<br>Expedited processing – add $35.00 to filing fee.<br>All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission<br>Corporate Filings Section<br>1300 W. Washington St., Phoenix, Arizona 85007<br>Fax: 602-542-4100 |

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
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# 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):

   Spine Align LLC

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:

   Johnny L. Smith

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 | Date |
|---|---|---|
| | Johnny L. Smith | 5/19/16 |

**REQUIRED** – check only one:

| | |
|---|---|
| ☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent. | ☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |

| | |
|---|---|
| Filing Fee: none (regular processing)<br>Expedited processing – not applicable.<br>All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section<br>1300 W. Washington St., Phoenix, Arizona 85007<br>Fax: 602-542-4100 |

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# CERTIFICATE OF DISCLOSURE

*Read the Instructions C003i*

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

Spine Align LLC

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:**

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

**4. FELONY/JUDGMENT QUESTIONS :**

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

| | | | |
|---|---|---|---|
| **4.1** | Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate? | [ ] Yes | [X] No |
| **4.2** | Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate? | [ ] Yes | [X] 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:<br>a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;<br>b. The violation of the consumer fraud laws of that jurisdiction;<br>c. The violation of the antitrust or restraint of trade laws of that jurisdiction? | [ ] Yes | [X] No |
| **4.4** | If any of the answers to numbers 4.1, 4.2, or 4.3 are **YES**, you **MUST** complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004. | | |

| 5. BANKRUPTCY QUESTION: | | |
|---|---|---|
| **5.1** Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in **any other corporation** (not the one filing this Certificate) on the bankruptcy or receivership **of the other corporation?** | ☐ Yes | ☒ No |
| **5.2** If the answer to number 5.1 is **YES**, you **MUST** complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005. | | |

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

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

Name

Address 1

Address 2

City State Zip

Country

**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

Johnny L. Smith 5/19/16

Printed Name Date

**REQUIRED – check only one:**

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

Name

Address 1

Address 2

City State Zip

Country

**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

Printed Name Date

**REQUIRED – check only one:**

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

| Filing Fee: None<br>All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section<br>1300 W. Washington St., Phoenix, Arizona 85007<br>Fax: 602-542-4100 |
|---|---|

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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:**

Spine Align L.L.C.

**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 |
| 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 1 | (enter number of copies requested) | Subtotal: | 10 |
| ☐ Certificate of Good Standing | $10.00 each x | (enter number of copies requested) | Subtotal: | |
| **TOTAL YOUR AMOUNT OWED** | | | **TOTAL AMOUNT DUE:** | 70 |

**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):

| | | |
|---|---|---|
| ☐ Email | Email address: | |
| ☒ Pick up | Name: Aaron Michael | Phone: 623 972 6137 |
| ☐ Mail | Name: | |
| | Address: | |
| | City: State: | Zip: |
| | Phone: | |

**DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)**

**FOR ARIZONA CORPORATION COMMISSION USE ONLY**

**PICK-UP BY:** _____ **DATE:** _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

RECEIVED

JUN 1 0 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:

Spine Align L.L.C.

### 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: | $110.00 |
| 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:** | $110.00 |

### 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):

| | | | |
|---|---|---|---|
| ☑ Email | Email address: johnnysmithdmd@gmail.com | | |
| ☐ Pick up | Name: | 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.azcc.gov/Divisions/Corporations/document-processing-times.pdf