



JUL 01 2016

FILE NO. RA 1047137

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

**APPLICATION FOR REGISTRATION  
OF FOREIGN LIMITED LIABILITY COMPANY**

*Please read Instructions L0251*

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

☒ LIMITED LIABILITY COMPANY

☐ PROFESSIONAL LIMITED LIABILITY COMPANY

2. **NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME)** – enter the exact, true name of the foreign LLC:

MIMG CIV Hampton Sub, LLC

3. **NAME TO BE USED IN ARIZONA (ENTITY NAME)** – identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:

3.1 ☒ **Name in state or country of formation**, with no changes or additions – go to number 4 and continue.

3.2 ☐ **Fictitious name** – check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LLC identifier, and enter the name in number 3.3 below. **NOTE** – a resolution of the company adopting the fictitious name must be attached to and submitted with this form.

3.3 **If you checked 3.2**, enter or print the name to be used in Arizona:

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

N/A

5. **FOREIGN DOMICILE** – list the state or country in which the foreign LLC was formed:

Colorado

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 06/13/2016

7. **PURPOSE OR GENERAL CHARACTER OF BUSINESS** – describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona:  
Real Estate Holding

1770-1771

1771-1772

1772-1773

<b>8. STATUTORY AGENT IN ARIZONA:</b>					
<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, if different from street address (can be a P.O. Box):		
CT Corporation System					
Statutory Agent Name (required) 2390 East Camelback Road					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional) City <b>Phoenix</b>		<b>AZ</b> State	<b>85016</b> Zip	Address 2 (optional) City	
				State	Zip
<b>8.3 REQUIRED</b> – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Registration.					

- 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** – see *Instructions L0251* – give the **physical or street address** (not a P. O. Box) of the foreign LLC required to be maintained in its state of organization, or, if not so required, of the foreign LLC's statutory agent in its state or country of organization:

c/o Monarch Management, Inc.		
Attention (optional) 2195 N. Highway 83, Ste. 14B		
Address 1		
Address 2 (optional) Franktown		CO
City		80116
State or Province		Zip
Country	UNITED STATES	

**10. OPTIONAL – ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

- 10.1** Is the Arizona known place of business street address the same as the **street address** of the statutory agent? ☐ Yes - go to the next page and continue.  
☒ No - complete number 10.2 and continue.
- 10.2** If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Hampton Park Apartments		
Attention (optional) 8600 E. Old Spanish Trail		
Address 1		
Address 2 (optional) Tucson		AZ
City		85710
State or Province		Zip
Country	UNITED STATES	



**COMPLETE NUMBER 11 OR NUMBER 12 – NOT BOTH.**

- 11. MANAGER-MANAGED LLC** – *see Instructions L025i* – check this box ☒ if management of the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 12. MEMBER-MANAGED LLC** – *see Instructions L025i* – check this box ☐ if management of the LLC is reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 13. SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature



Printed Name

Christopher S. Janson

Date

6-27-2010

**REQUIRED** – check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> I am the individual <b>Manager</b> of this manager-managed LLC <b>or</b> I am signing for an <b>entity manager named:</b>	<input type="checkbox"/> I am a <b>Member</b> of this member-managed LLC <b>or</b> I am signing for an <b>entity member named:</b>	<input checked="" type="checkbox"/> I am a duly <b>authorized agent</b> for this LLC.
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Filing Fee: \$150.00 (regular processing)  
Expedited processing – add \$35.00 to filing fee.  
All fees are nonrefundable – see Instructions.

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

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



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

## MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

MIMG CIV Hampton Sub, LLC

2. **A.C.C. FILE NUMBER** (if known):

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 one box only to indicate what document the Attachment goes with:**

- ☒ Articles of Organization ☐ Articles of Amendment  
☐ Application for Registration ☐ Articles of Amendment to Application for Registration

4. **MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed – *do not check both member boxes*. If more space is needed, use another Manager Structure Attachment form.

Monarch Management, Inc.					
Name 2195 N. Highway 83, Ste. 14B			Name		
Address 1			Address 1		
Address 2 (optional) Franktown		CO	80116		
City	State or Province		Zip		
UNITED STATES					
Country	<input checked="" type="checkbox"/> 20% or more member		Country		
<input checked="" type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member		<input type="checkbox"/> 20% or more member		
			<input type="checkbox"/> Manager		
			<input type="checkbox"/> Less than 20% member		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province		Zip		
Country	<input type="checkbox"/> 20% or more member		Country		
<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member		<input type="checkbox"/> 20% or more member		
			<input type="checkbox"/> Manager		
			<input type="checkbox"/> Less than 20% member		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province		Zip		
Country	<input type="checkbox"/> 20% or more member		Country		
<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member		<input type="checkbox"/> 20% or more member		
			<input type="checkbox"/> Manager		
			<input type="checkbox"/> Less than 20% member		







Document must be filed electronically.  
Paper documents are not accepted.  
Fees & forms are subject to change.  
For more information or to print copies  
of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

Colorado Secretary of State  
Date and Time: 06/13/2016 01:33 PM  
ID Number: 20161404504  
Document number: 20161404504  
Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

### Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

MIMG CIV Hampton Sub, LLC

*(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd." See §7-90-601, C.R.S.)*

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the limited liability company's initial principal office is

Street address

2195 N. Highway 83, Ste. 14B

*(Street number and name)*

Franktown

*(City)*

CO

*(State)*

80116

*(ZIP/Postal Code)*

United States

*(Country)*

*(Province - if applicable)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

*(City)*

*(State)*

*(ZIP/Postal Code)*

*(Province - if applicable)*

*(Country)*

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

Gibson

*(Last)*

Thomas

*(First)*

J.

*(Middle)*

*(Suffix)*

or

(if an entity)

*(Caution: Do not provide both an individual and an entity name.)*

Street address

1999 Broadway, Suite 3225

*(Street number and name)*

Denver

*(City)*

CO

*(State)*

80202

*(ZIP Code)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*



\_\_\_\_\_  
(City) CO (State) \_\_\_\_\_ (ZIP Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name

(if an individual)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Suffix)

or

(if an entity)

Monarch Management, Inc.

(Caution: Do not provide both an individual and an entity name.)

Mailing address

2195 N. Highway 83, Ste. 14B

(Street number and name or Post Office Box information)

Franktown

(City)

CO

(State)

80116

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

☒ one or more managers.

or

☐ the members.

6. (The following statement is adopted by marking the box.)

☒ There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.



This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

<u>Gibson</u>	<u>Thomas</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>1999 Broadway, Suite 3225</u>			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
<u>Denver</u>	<u>CO</u>	<u>80202</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<u>United States</u>			
<small>(Province – if applicable)</small>	<small>(Country)</small>		

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).



## STATUTORY AGENT ACCEPTANCE

*Please read Instructions*

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):

MEMG CIV Hampton Sub, 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:

C T Corporation System

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.

Linda Stauffer, Assistant Secretary

06/17/2016

**REQUIRED** – check only one:

<input 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 checked="" 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.
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Filing Fee: none (regular processing) Expedited processing - not applicable. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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We do not intend this AOC form to limit only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to your specific situation and needs.  
All proceedings with the Arizona Corporation Commission are **public record** and are open for public inspection.  
If you need assistance with this Instructions, please call 602-542-2826 or write the Arizona only e-mail: [info@azcc.com](mailto:info@azcc.com).





RECEIVED

JUL 01 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:**

MIMG CIV Hampton Sub, LLC

**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:	\$150.00
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 checked="" type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	\$10.00
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	<b>\$195.00</b>

**4. PAYMENT METHOD:**

<input type="checkbox"/> MOD Account #
<p><b>Cash</b> - do not mail cash. Cash may be used only for in-person submittals.</p> <p><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. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).</p> <p><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.</p>

**5. REQUIRED - RETURN DELIVERY OPTION** (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: sos.notices@jgllp.com	
<input type="checkbox"/> Pick up	Name:	Phone:
<input type="checkbox"/> Mail	Name:	
	Address:	
	City:	State: Zip:
	Phone:	

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

**FOR ARIZONA CORPORATION COMMISSION USE ONLY**

PICK-UP BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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

