

JUL 11 2016



05560970

FILE NO. F-2106914-0

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

**APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**

Read the Instructions C018i

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

- | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER |
| <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> PROFESSIONAL CORPORATION | <input type="checkbox"/> CREDIT UNION |
| <input type="checkbox"/> CLOSE CORPORATION | <input type="checkbox"/> TRUST COMPANY |
| <input type="checkbox"/> BUSINESS TRUST | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION |
| <input type="checkbox"/> BUSINESS DEVELOPMENT CORP. | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC. |
| <input type="checkbox"/> CORPORATION SOLE | <input type="checkbox"/> NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP. |

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

Florida

3. NAME TO BE USED IN ARIZONA (ENTITY NAME) – see Instructions C018i - identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3.1 <input checked="" type="checkbox"/> Name in state or country of incorporation, with no changes – Go to number 4.</p> | <p>3.2 <input type="checkbox"/> Name in state or country of incorporation, <i>with a corporate identifier added to it</i> – Enter the name in number 3.4 below.</p> | <p>3.3 <input type="checkbox"/> Fictitious name (check this <i>only if</i> the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) – Enter the name in number 3.4 below.</p> |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

4. FOREIGN DOMICILE – list the state or country in which the foreign corporation is incorporated: USA

5. DATE OF INCORPORATION IN FOREIGN DOMICILE: 08/30/2001

6. DURATION – the duration or life period of the foreign corporation is **presumed to be perpetual unless** one of the boxes is checked below *and* the blanks are filled in:

- ☐ The corporation's life period will end after the expiration of _____ **years** (enter a number of years).
- ☐ The corporation's life period will end on this **date** _____ (enter a date).
- ☐ The corporation's life period will end upon the occurrence of this **event**:

_____ (describe an event).

7. PURPOSE – the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following **limitations**, if any (*leave this blank if there are no limitations on the corporation's purpose*):

investments

8. **CHARACTER OF BUSINESS** – briefly describe the character of business or affairs the foreign corporation initially intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately conducts is not limited by the description provided.

real estate

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS – see <i>Instructions C018i</i> – give the physical or street address (not a P. O. Box) of the foreign corporation required to be maintained in its state or country of incorporation, or, if not so required, of the foreign corporation's statutory agent in its state or country of incorporation: | 10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: Is the Arizona known place of business street address the same as the street address of the statutory agent? <input type="checkbox"/> Yes – go to number 11 and continue. <input type="checkbox"/> No – provide the Arizona physical or street address (not a P.O. Box) below: |
| Attention (optional) 239 Baltimore Way NE | Attention (optional) 625 S. Linger Ln. |
| Address 1 239 Baltimore Way NE | Address 1 625 S. Linger Ln. |
| Address 2 (optional) City Lake Placid State FL Zip 33852 | Address 2 (optional) City Williams State AZ Zip 86046 |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 11. STATUTORY AGENT IN ARIZONA – see <i>Instructions C018i</i> : | |
| 11.1 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: | 11.2 OPTIONAL – mailing address in Arizona of statutory agent (can be a P.O. Box): |
| Statutory Agent Name (required) Judith Mayes | |
| Attention (optional) 625 S. Linger Ln. | Attention (optional) |
| Address 1 | Address 1 |
| Address 2 (optional) City Williams State AZ Zip 86046 | Address 2 (optional) City State Zip |
| 11.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Authority. | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 12. DIRECTORS – list the name and business address of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the Director Attachment form C082. | |
| Director Name | Director Name |
| Address 1 | Address 1 |
| Address 2 (optional) | Address 2 (optional) |
| City State or Province Zip | City State or Province Zip |
| Country | Country |
| Date taking office (optional): | Date taking office (optional): |

| | | | | | | | |
|--------------------------------|-------------------|-----|--|--------------------------------|-------------------|-----|--|
| Director Name | | | | Director Name | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | State or Province | Zip | | City | State or Province | Zip | |
| Country | | | | Country | | | |
| Date taking office (optional): | | | | Date taking office (optional): | | | |

| | | | | | | | |
|--------------------------------|-------------------|-----|--|--------------------------------|-------------------|-----|--|
| Director Name | | | | Director Name | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | State or Province | Zip | | City | State or Province | Zip | |
| Country | | | | Country | | | |
| Date taking office (optional): | | | | Date taking office (optional): | | | |

13. OFFICERS - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box ☐ and complete and attach the Officer Attachment form C085.

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Officer Name: Tamie Cave Address 1: 3623 S. Hassett Address 2 (optional): City: Mesa State or Province: AZ Zip: 85202 Country: USA Date taking office (optional): Officer Title: | | | | Officer Name: Stanley Mayes Address 1: 1025 S. Linger Ln. Address 2 (optional): City: Williams State or Province: AZ Zip: 86046 Country: USA Date taking office (optional): Officer Title: | | | |
| Officer Name: Michael Mayes Address 1: 1025 S. Linger Ln. Address 2 (optional): Williams State or Province: AZ Zip: 86046 City: Williams State or Province: AZ Zip: 86046 Country: USA Date taking office (optional): Officer Title: | | | | Officer Name: Theresa Gidell Address 1: 1025 S. Linger Ln. Address 2 (optional): Williams State or Province: AZ Zip: 86046 City: Williams State or Province: AZ Zip: 86046 Country: USA Date taking office (optional): Officer Title: | | | |

| | | | | | | | |
|--------------------------------|-------------------|-----|--|--------------------------------|-------------------|-----|--|
| Officer Name | | | | Officer Name | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | State or Province | Zip | | City | State or Province | Zip | |
| Country | | | | Country | | | |
| Date taking office (optional): | | | | Date taking office (optional): | | | |
| Officer Title: | | | | Officer Title: | | | |

14. **FOR-PROFITS ONLY – SHARES AUTHORIZED** – see *Instructions C018i* – list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the *Shares Authorized Attachment form C087*.

Class: _____ Series: _____ Total: _____ Par Value: _____

Class: _____ Series: _____ Total: _____ Par Value: _____

15. **FOR-PROFITS ONLY – SHARES ISSUED** – see *Instructions C018i* – list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check this box ☐ and complete and attach the *Shares Issued Attachment form C097*.

Class: _____ Series: _____ Total: _____ Par Value: _____

Class: _____ Series: _____ Total: _____ Par Value: _____

16. **NONPROFITS ONLY – MEMBERS – check one box only:**

Does the foreign nonprofit corporation have members?

☐ Yes

☐ No

17. **PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL SERVICES** – if “professional corporation” is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm):

18. **PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL LICENSE:**

By the signature appearing on this document, the foreign professional corporation certifies under penalty of perjury that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation's articles of incorporation.

NOTE: You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation's shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)

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: Tudith Mayes Printed Name: Tudith Mayes Date: 7-8-16

REQUIRED – check only one:

☐ I am the **Chairman of the Board of Directors** of the corporation filing this document.

☐ I am a duly-authorized **Officer** of the corporation filing this document.

☐ I am a duly authorized **bankruptcy trustee**, receiver, or other court-appointed fiduciary for the corporation filing this document.

Filing Fee: \$175.00 (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):

ILT, L.L.C.

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:

Judith Mayes

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 Jm May Printed Name Judith Mayes Date 7-8-16

REQUIRED – check only one:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input type="checkbox"/> 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)
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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CERTIFICATE OF DISCLOSURE*Read the Instructions C003i*

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

ILT, L.L.C.

- 2. A.C.C. FILE NUMBER**
- (if already incorporated or registered in AZ):
- 59-3744017

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:

| | | | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 Judith Mayes
Address 1 25 S. Linger Ln.
Address 2 _____
City Williams State AZ Zip 86046
Country USA

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.

Name

Address 1

Address 2

City
Country

State

Zip

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

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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Detail by Entity Name

Florida Limited Liability Company

ILJ, L.L.C.

Filing Information

Document Number L01000015045
FEI/EIN Number 59-3744017
Date Filed 08/30/2001
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 10/06/2010

Principal Address

239 BALTIMORE WAY NE
LAKE PLACID, FL 33852

Changed: 07/15/2008

Mailing Address

625 S. LINGER LANE
WILLIAMS, AZ 86046

Changed: 01/04/2012

Registered Agent Name & Address

MAYES, JUDITH
239 BALTIMORE WAY NE
LAKE PLACID, FL 33852

Name Changed: 04/23/2015

Address Changed: 04/23/2015

Authorized Person(s) Detail

Name & Address

Title MGR

MAYES, JUDITH L
625 S. LINGER LANE
WILLIAMS, AZ 86046

Title SEC

JAMIE, CAVE N
3623 S. HASSETT
MESA, AZ 85202

Title VP

Mayes, Stanley K
625 S. LINGER LANE
WILLIAMS, AZ 86046

Title Managing Member

Mayes, Michael T
625 S. LINGER LANE
WILLIAMS, AZ 86046

Title Managing Member

Gidell, Theresa M
625 S. LINGER LANE
WILLIAMS, AZ 86046

Annual Reports

RECEIVED

JUL 11 2016

ARIZONA 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:

ILT, 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: | \$175.00 |
| 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: | |
| TOTAL YOUR AMOUNT OWED | TOTAL AMOUNT DUE: | \$210.00 |

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):

| | | | |
|-------------------------------------------|----------------|------------------------|------|
| <input checked="" type="checkbox"/> Email | Email address: | dumplinpatch@gmail.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

