# ARIZONA CORP. COMMISSION FILED

AZ Corp. Commission 05566000

JUL 0 5 2016

FILE NO. RQ 1034973

**AZ. CORPORATION COMMISSION FILED** 

JUN 27 2016

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# APPLICATION FOR REGISTRATION FILE NO. R-2103497-3 OF FOREIGN LIMITED LIABILITY COMPANY

	Figase (ead hist deticit)					
	ENTITY TYPE - check only one to indicate the type of entity applying for registration:					
	■ LIMITED LIABILITY COMPANY PROFESSIONAL LIMITED LIABILITY COMPANY					
•	NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME) - enter the exact, true name of the foreign LLC:					
	USA Private Money, LLC					
•	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.					
	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:					
•	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):					
	FOREIGN DOMICILE – list the state or country in which the foreign LLC was formed: Wyoming					
-	DATE OF FORMATION IN FOREIGN DOMICILE: 3/20/2015					
7.	<b>PURPOSE OR GENERAL CHARACTER OF BUSINESS</b> — describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona: private lending and brokering					

8.1			(ZONA:				
	an individual or a or street addres	REQUIRED – give the name (can be en 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, if different from street address (can be a P.O. Box):		
	st Registered	d Agent	, LLC				
utention (option	nal) ovation Drive, Si	r= 400		Attention (c	ptional)		
ddress 1	OVALION DIIVE, O	100		Address 1			
adress 2 (optionally Oro		AZ State	85755 zip	Address 2 (	optional)	State	Zip
8.3			tory Agent Acce	otance for	rm M002 must	be submitte	d along with
	tained in its sta ate or country		anization, or, if zation:	not so red	quired, of the fo	reign LLC's	statutory agen
	Scott Brown Attention (optional)						
	USA Priva	ite Mone	ey, LLC				
	412 N. Main Street, #100						
					I		
	Address 2 (options Buffalo	al <i>)</i>			WY	\	2834
	Address 2 (option: Buffalo	ITED STATE	ES .		State or Province	82 Zip	
10. OPT7 10.1	Address 2 (options Buffalo City Country UN	CONA KN	OWN PLACE On place of busine the place of busines the property of the property	ess street go to the	State or Province	zip	street address
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#### COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

MANAGER-MANAGED LLC - see Instructions 1025i - check this box of 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 1025! - check this box [ If management of the LLC is reserved to the members, and complete and attach the Member Structure Attachment form LO41. 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. THACCEPT Scott Brown Printed Name REQUIRED - check only one and fill in the corresponding blank if signing for an entity: I am the individual Manager of this I am a duly authorized I am a Member of this membermanaged LLC or I am signing for an entity member named: manager-managed LLC or I am signing for an entity manager agent for this LLC. named:

Filing Fea: \$150.00 (regular processing)

Expedited processing - add \$35.00 to filing fee.

All fees are nonrefundable - see Instructions.

Mail: Afleona Corporation Commission \* Corporate Filings Section 1500 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

Please tie applying that A.C.C. forms reflect only the minimum provisions required by statute. You elibrid asek private legal counsel for those matters that may neft in the individual region of your business.

All decimants filled with the Arbeits Comparation Commission are public record and are open for public assistance.

If you have greatlying after feeding the instructions, please cell 602-542-3026 or (within Arbeits only) 800-543-8819.

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#### MANAGER STRUCTURE ATTACHMENT

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):
   USA Private Money, LLC
   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: <a href="http://www.azoc.qov/Divisions/Corporations">http://www.azoc.qov/Divisions/Corporations</a>
- 3. 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. Use one block per person. 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.

ı. Scott Brown			2.			
Name	Name					
4114 E. Reins Road						
Address 1	· · · · · · · · · · · · · · · · · · ·		Address 1	·		
Address 2 (optional)		T	Address 2 (optional)	<del> </del>		
Gilbert AZ 85297						
UNITED STATES	State or Province	Zip	City		State or Province	<b>Z</b> tp
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	than 20% m		Manager		than 20% me	
a.	LIIGH ZO /V III	ember	4.		CHOIL GO FO TH	
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Address 2 (optional)			Address 2 (optional)	<u> </u>		
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5,			6.	<del></del>		
Name			Name			-
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Address 2 (optional)	·		Address 2 (optional)			
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-	s than 20% n		Manager	_	s than 20% m	





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#### STATUTORY AGENT ACCEPTANCE

	Please read Instructions M0021
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):  —USA Private Money, LLC
2.	<b>STATUTORY AGENT NAME</b> — give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match <b>exactly</b> 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:
	NORTHWEST REGISTERED AGENT, LLC
3.	STATUTORY AGENT SIGNATURE:  By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.
	The person signing below declares and certifies under penalty of perfury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.
	TOM GLOVER / ASSISTANT SECRETARY
Sk	nature Printed Name Date
RE	QUIRED - check only one:

(natural person) 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.

Individual as statutory agent: I am

signing on behalf of myself as the individual

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

X Entity as statutory agent: I am signing on

behalf of the entity named as statutory agent,

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.

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.

# STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# **USA Private Money, LLC**

is a

### Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 20, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000683259**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of June, 2016 at 4:18 PM. This certificate is assigned 020411015.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.