



OCT 14 2016

FILE NO. L-2130500-0

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:**

The Black Cat LLC

**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):

BAR

**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:

Cindy Seff  
Statutory Agent Name

**4.2 OPTIONAL -** mailing address in Arizona of Statutory Agent (can be a P.O. Box):

Attention (optional)

Address 1

47300 N. Lion Canyon Drive

Address 2 (optional)

City Seligman

State AZ

Zip 86337

Attention (optional)

Address 1

PO BOX 762

Address 2 (optional)

City Seligman

State AZ

Zip 86337

**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:

<u>Cindy Seff</u>		
Attention (optional)		
<u>22390 W. Old Highway 66</u>		
Address 1		
Address 2 (optional)		
<u>Seligman</u>	<u>AZ</u>	<u>86337</u>
City	State or Province	Zip
Country <u>U.S.A.</u>		



**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: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name (if different from Organizer) \_\_\_\_\_

Filing Fee: \$50.00 (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 Black Cat LLC

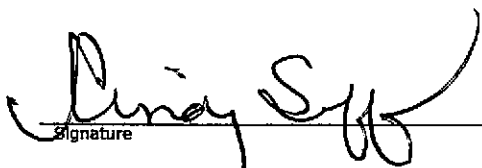
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Cindy SeFF

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

Cindy SeFF  
Printed Name

10/6/2016  
Date

**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.
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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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## MEMBER STRUCTURE ATTACHMENT

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

The Black Cat LLC

2. **A.C.C. FILE NUMBER** (if known): 64542

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. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another Member Structure Attachment form.

1. Cindy Seff Name PO Box 338 Address 1 Address 2 (optional) City Seligman State or Province AZ Zip 86337 Country USA	2. George Seff Name PO Box 762 Address 1 Address 2 (optional) City Seligman State or Province AZ Zip 86337 Country USA
3. Name Address 1 Address 2 (optional) City State or Province Zip Country	4. Name Address 1 Address 2 (optional) City State or Province Zip Country
5. Name Address 1 Address 2 (optional) City State or Province Zip Country	6. Name Address 1 Address 2 (optional) City State or Province Zip Country
7. Name Address 1 Address 2 (optional) City State or Province Zip Country	8. Name Address 1 Address 2 (optional) City State or Province Zip Country



# STATE OF ARIZONA

## Department of State



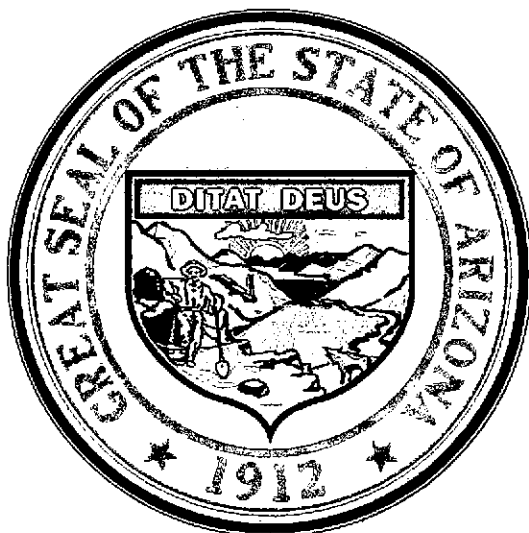
### TRADE NAME CERTIFICATION

THE BLACK CAT

I, Michele Reagan, Secretary of State, do hereby certify that in accordance with the Trade Name Application filed in this Office, the Trade Name herein certified has been duly registered pursuant to Section 44-1460, Arizona Revised Statutes, in behalf of:

CINDY SEFF  
PO BOX 338  
SELIGMAN AZ 86337-

5/16/2016 Application



Registration Date: 05/16/2016

Expiration Date: 5/16/2021

Date First Used: 5/12/2016

Trade Name No.: 645412

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona, Done at Phoenix, the capitol, this 18 day of May, 2016.

*Michele Reagan*

MICHELE REAGAN



RECEIVED

OCT 14 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**

**\*\* ORDER COPIES USING A RECORDS REQUEST FORM \*\***

WHAT ARE YOU FILING?

☒ New Entity    ☐ Change to existing entity    ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

The Black Cat

EXPEDITED PROCESSING?

☒ YES - add \$35 to the filing fee    ☐ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #:    Amount to deduct:

**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.

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

<input type="checkbox"/> Email	Email address:		
<input type="checkbox"/> Pick up	Name:	Phone:	480-390-0723
<input checked="" type="checkbox"/> Mail	Name:	Cindy Seff	
	Address:	PO BOX 338	
	City:	State:	Zip:
	Seligman	AZ	86337
	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)

