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AZ CORPORATION COMMISSION  
FILED

NOV 08 2016

FILE NO. R-2136189.0

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

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

*Please read Instructions L025i*

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:

BA PROPERTY SOLUTIONS, 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):

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

Nevada

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 10/08/2014

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:

General Management Consulting Services

<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):		
Business Filings Incorporated					
Statutory Agent Name (required):					
Attention (optional):			Attention (optional):		
3800 N Central Ave Ste 460					
Address 1:			Address 1:		
Address 2 (optional):		AZ	85012	Address 2 (optional):	
City	Phoenix	State	Zip	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 L025/* – 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:

NCH		
Attention (optional):		
BA PROPERTY SOLUTIONS, LLC		
Address 1:		
4730 S Fort Apache rd Ste 300		
Address 2 (optional):		
City	NV	89147
City	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:

BA PROPERTY SOLUTIONS, LLC		
Attention (optional):		
1200 Glen Canyon Dr		
Address 1:		
Address 2 (optional):		
Page	AZ	86040
City	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

B. McCarthy Bonnie McCarthy 10-31-16  
Signature Printed Name Date

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

<input checked="" type="checkbox"/> I am the individual <b>Manager</b> of this manager-managed LLC or I am signing for an <b>entity manager</b> named:	<input type="checkbox"/> I am a <b>Member</b> of this member-managed LLC or I am signing for an <b>entity member</b> named:	<input type="checkbox"/> I am a duly authorized <b>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
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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):  
BA PROPERTY SOLUTIONS, 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. 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.

<b>1.</b> Bonnie McCarthy				<b>2.</b>			
Name 1200 Glen Canyon Dr				Name			
Address 1				Address 1			
Address 2 (optional)		AZ		86040		Address 2 (optional)	
Page	City	State or Province	Zip	City	State or Province	Zip	
	UNITED STATES						
Country		<input checked="" type="checkbox"/> 20% or more member <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	
<b>3.</b>				<b>4.</b>			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	
<b>5.</b>				<b>6.</b>			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	

## 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):  
BA PROPERTY SOLUTIONS, 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:  
Business Filings Incorporated

### 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.

Brian D. Klassen Brian Klassen - Asst. Secretary for Business Filings Incorporated 10/26/2016  
Signature Printed Name Date

**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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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BA PROPERTY SOLUTIONS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 8, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 21, 2016.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE  
Secretary of State



Electronic Certificate  
Certificate Number: C20161021-1382  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>