ARIZONÁ CORP. COMMISSION FILED

AZ Corp. Commission
05748028

DEC 0 6 2016

FILE NO RQ 1412980

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:
	Midwest Equity Mortgage, 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.
	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:
	Illinois
6.	DATE OF FORMATION IN FOREIGN DOMICILE: 05/01/2016
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: Residential Mortage Lending

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8. STA	TUTORY AGENT	IN ARI	ZONA:		· · · ·			
8.1	REQUIRED - gir an individual or an or street address of the statutory ag	entity) an (not a P.0	d physical	8	statutory ag (can be a P.0	ent, if diff	g addres ferent fro	ss in Arizona of om street address
InCorp :	Services, INC							
Statutory Agen	t Name (required)							
Attention (option	onal)			Attention (optional)			
Address 1 2338 W	Royal Palm R	oad St	 e J	Address 1				·
Address 2 (opti	onal)	AZ	85021	Address 2	(optional)			
city Phoe		State	Zip	City	M002		State	Zip
8.3	REQUIRED - to this Application			<u>ptance</u> ro	rm Muuz mu:	st de sui	omitted	along with
	NCIPAL OFFICE							
	i – give the phy							
	ntained in its stat			not so re	quired, of the	foreign	LLC's s	statutory agent
its si	tate or country o	r organiz	zation:					
						· · ·		
		quity M	ortage, LLC					
	Attention (optional)							
	Address 1							
	2001 Sprii	ng Road	d, Suite 100					
	Oak Obroo				IL		60	523
	City	<u> </u>			State or		Zip	
	Country	and the second contrate .			Province			
10. OPT	IONAL – ARIZO	ONA KNO	OWN PLACE OF	F BUSIN	ESS ADDRES	S:		
10.1			n place of busine	ess street	address the	same as	the st	reet address
	of the statut	ory ager		-	next page an			
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10.2			" to number 10. ace of business			Street a	auui ess	s (HUL a P.O.
	DOX) OF LITE	KIIOWII PI		Of the Li				
	Attention (optional)							
	Äddress 1							
	Address 2 (optional)			<u> </u>			
	Cit				Chate or		7:-	
	City		▼		State or Province		Zip	
	Country							

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COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11.	MANAGER-MANAGED LLC – <u>see Instructions L025i</u> – check this box ■ if management of the LLC is vested in a manager or managers, and complete and attach the <u>Manager Structure</u> <u>Attachment form L040</u> . The filing will be rejected if it is submitted without the attachment.						
12.	MEMBER-MANAGED LLC – <u>see Instructions L025i</u> – check this box ☐ if management of the LLC is reserved to the members, and complete and attach the <u>Member Structure Attachment</u> 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.						
	4	☐ I ACCEPT					
	•	Eric Meadow	11/21/2016				
Sign	nature	Printed Name	Date				
RE	REQUIRED – check only one and fill in the corresponding blank if signing for an entity:						
	I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	I am a Member of this member- managed LLC or I am signing for an entity member named:	I am a duly authorized agent for this LL C.				

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.

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MIDWEST EQUITY MORTGAGE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 01, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of DECEMBER A.D. 2016.

Authentication #: 1634102408 verifiable until 12/06/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

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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):
 Midwest Equity Mortage, LLC

 A.C.C. FILE NUMBER (if known): R-2141289-0
 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.

1.		1	2.			
Managing Member			Managing Member			
Name			Name			
Pete Gabrione			David Hanson			
Address 1			Address 1			
2001 Spring Road, Suite	<u> 100</u>		2001 Spring Roa Address 2 (optional)	d. Sui	te 100	·
					l	60500
Oak Brook		60523	Oak Brook		IL	60523
UNITED STATES	State or Province	Zip	UNITED STATES	V	State or Province	Zip
Country 20%	or more memb	ber	Country	20%	or more men	nber
✓ Manager Less t	than 20% mem	nber	✓ Manager	=	than 20% me	
3.			4.			
Name			Name			
Address 1			Address 1			
Address 2 (optional)			Address 2 (optional)			
City	State or Province	Zip	City	F	State or Province	Zip
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! —	than 20% men		Manager		than 20% me	
5.			6.			
Name			Name			
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Address 2 (optional)			Address 2 (optional)			
City	State or	Zip	City	-	State or	Žip
[· - - - - - - - - -	Province				Province	
Country 20%	or more memb	ber	Country		or more mer	mber
	than 20% mem		Manager	=	than 20% m	

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.		he nar	of the corporation or LLC that has appointed the ne as listed on the document appointing the Article of Incorporation):			
	Midwest Equity Mortgage, LLC					
			Professional and the Control of the			
2.	STATUTORY AGENT NAME — 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 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:					
	InCorp Services, Inc.					
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.					
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1	Dy lood look					
500	Lear	<u>a Neal</u>	ev on behalf of InCorp Services, Inc. 11/4/16			
angr:		HAILEG MAN	n: Dang			
REC	QUIRED - check only one:					
	Individual as statutory agent: I am	. [Entity as statutory agent: I am signing on			
j	signing on behalf of myself as the individua		behalf of the entity named as statutory agent,			
L	(natural person) named as statutory agent	<u> </u>	and I am authorized to act for that entity.			
Fille	ng Fee: name (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section			
Exc	redited processing a not applicable.	1404	1300 W. Washington St., Phoenix, Arizona 85007			
Alf	fees are nonrefundable - see Instructions.	Fax:	602-542-4100			
Heate	the attributed that A.C.C. forms reflect only the minimum provisions mount	hard her steet	the New cheets each advanta least covered for three contract that may recome			

to the Architecture of your Business.

All documents filed with the Artrona Corporation Commission are public record and are open for gubtic inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Artrona only) 800-345-5819.

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COMMISSIONERS
DOUG LITTLE - Chairman
BOB STUMP
BOB BURNS
TOM FORESE
ANDY TOBIN



JODI JERICH Executive Director

PATRICIA L. BARFIELD Director Corporations Division

ARIZONA CORPORATION COMMISSION

MIDWEST EQUITY MORTGAGE, LLC INCORP SERVICES INC 2338 W ROYAL PALM RD STE J

PHOENIX, AZ 85021

Effective Date: 12/02/2016 File No: R-2141298-0

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is REJECTED and is being returned for the following reasons:

Attach a Certificate of Good Standing/Existence, duly authenticated (certified) by the secretary of state or other official having legal custody of corporate records in the state or country under whose law it is incorporated. It must be dated within (60) sixty days of delivering the Application to the Commission.

(A.R.S.10-1503, 10-11503 & 29-802(B))

The name MIDWEST EQUITY MORTGAGE, LLC is available a fictitious name is not needed please remove 3.2 & 3.3.

- A member-managed structure has been selected on page 3. Please attach a Manager structure listing all Managers/Members in this LLC.

IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

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Return the following information to the Corporations Division (all pages must be legible):

- 1. A copy of this letter;
- 2. All pages of the rejected document with corrections OR a complete, signed, corrected document;
- 3. A NEW cover sheet indicating resubmission; and
- 4. Any additional paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO http://ecorp.azcc.gov. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

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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 **

New Entity	☐ Change to existing entity	Re-submission of the last of the	rejected filing
	E - give the exact name of the coly	rporation as currently s	shown in A.C.C. records:
EXPEDITED I	PROCESSING?		
	35 to the filing fee	☐ NO - pay only the	
	ng fees are listed on the bottom of azcc.gov, under the FAQs.	f each form or on the f	ee schedule on our website,
PAYMENT:			
☐ MOD Acco		amount to deduct:	<u> </u>
Checks or mor abbreviations. C include: no important handwritten or s Credit cards -	nail cash. Cash may be used only for in-penery orders - must be made payable to "An hecks must be completely and properly file inted or preprinted name and address of the transped names, addresses, or check numbers be used for in-person submittals, and as of good standing. We accept only Visa, the control of the control	rizona Corporation Commissi led out, including the amoun the account holder; no imprin bers; temporary checks (new I for online corporation annua	t sections. UNACCEPTABLE CHECKS nted or preprinted check number; naccounts). nal reports, online name reservations, or
REQUIRED -	RETURN DELIVERY OPTION (P	LEASE PRINT CLEARLY	and select only ONE):
✓ Email	Email address: eric@midewstequity.c	om	
Pick up	Name:		Phone:
☐ Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		
DOCUMENTS	WILL BE MAILED IF THEY ARE NOT PI	CKED UP IN A TIMELY MAI	NNER (APPROXIMATELY ONE WEEK)
	FOR ARIZONA CORPO	RATION COMMISSION USE	ONLY
PICK-UP E	Y;		DATE:
View	current processing times at: www.azcc.gr	ov/Divisions/Corporations/do	cument-processing-times.pdf

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ARIZONA CORP. COMMISSION FILED

AZ CORPORATION COMMISSION FILED

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FEND 8-2141298-0

FILE NO. R21412980

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

Please read Instructions L025i

_	ј цип	ITED LIABILITY COMPANY PROFESSIONAL LIMITED LIABILITY COMPAN	ΙΥ
name	E IN S	STATE OR COUNTRY OF FORMATION (FOREIGN NAME) — enter the foreign LLC:	the exact, true
Midv	vest I	Equity Mortgage, LLC	
NAM! use ir	E TO I	BE USED IN ARIZONA (ENTITY NAME) — identify the name the forzona by checking 3.1 or 3.2 (check only one), and follow instructions:	reign LLC will
3.1		Name in state or country of formation, with no changes or addinumber 4 and continue.	tions – go to
3.2		Fictitious name – check this if the foreign LLC's name in its state of formation is not available for use in Arizona or if that name does no identifier, and enter the name in number 3.3 below. NOTE – a rescompany adopting the fictitious name must be attached to and subiform.	t contain an LLO
3.3	If ·	f you checked 3.2, enter or print the name to be used in Arizona:	
	<u>e(</u>	Click Lending	
in nur	ESSI	Click Lending SIONAL LIMITED LIABILITY COMPANY SERVICES — if professional 1 above, describe the professional services that the professional LLC is: law firm, accounting, medical):	LLC is checked will provide
in nur (exan	ESSI mber ; nples:	IONAL LIMITED LIABILITY COMPANY SERVICES — if professional 1 above, describe the professional services that the professional LLC:	will provide
in nur (exan	ESSION I	IONAL LIMITED LIABILITY COMPANY SERVICES — if professional 1 above, describe the professional services that the professional LLC is: law firm, accounting, medical):	will provide
FORE	ESSI mber : nples:	IONAL LIMITED LIABILITY COMPANY SERVICES – if professional 1 above, describe the professional services that the professional LLC is: law firm, accounting, medical): DOMICILE – list the state or country in which the foreign LLC was foreig	will provide
FORE	ESSI mber : nples:	IONAL LIMITED LIABILITY COMPANY SERVICES – if professional 1 above, describe the professional services that the professional LLC is: law firm, accounting, medical): DOMICILE – list the state or country in which the foreign LLC was fo	will provide

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	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:			8.2 OPTIONAL - Mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):			
nCorp Se	rvices, Inc						
atulory Agent Na				~			
rention (optional)				Attention (HEARTH	···	
endon tobrioner)	•			Alleman (ipuoitoi/		
dress 1				Address 1	· · · · · · · · · · · · · · · · · · ·		····
338 W R	oyal Palm R			Address 2 I	nrdonal\		
, Pho en	-	AZ	85021	City	Optional	State	e Zip
	REQUIRED – th his Application		itory Agent Accej gistration.	otance fo	rm M002 mus	t be subm	itted along with
<u> 1.0251</u> - maintai	give the physined in its state or country of Midwest Ed	sical orge of orge	street address anization, or, if r	(not a P	O. Box) of the	ne foreign	- <u>see Instruction:</u> LLC required to b C's statutory ager
	Attention (optional)					-	
	Address 1						, <u>, , , , , , , , , , , , , , , , , , </u>
	12001 Carin	g Roa	d, Suite 100				•
	2001 Spini						
	Address 2 (optional)				IL		60523
	Address 2 (optional) Oak Brook City				State or		60 52 3
	Oak Brook			9H 102			
10.1	NAL - ARIZO Is the Arizon of the statute	a know Ory agei	nt? Tyes - g	BUSINI ss street to to the complete	State or Province ESS ADDRESS address the sinext page and number 10.2 a	ame as the continue.	e street addres : ue.
	Address 2 (optional) Oak Brook City Country NAL - ARIZO Is the Arizon of the statuto	a know ory agei ered "no	n place of busine nt? [] Yes - g	BUSINI ss street to the complete 1, give the	State or Province ESS ADDRESS address the samext page and number 10.2 and number or	ame as the continue.	e street address ue.
10.1	Address 2 (optional) Oak Brook City Country NAL - ARIZO Is the Arizon of the statuto	a know ory agei ered "no	n place of busine nt? Yes - g No - c	BUSINI ss street to the complete 1, give the	State or Province ESS ADDRESS address the samext page and number 10.2 and number or	ame as the continue.	e street address ue.
10.1	Address 2 (optional) Oak Brook City Country NAL - ARIZO Is the Arizon of the statuto If you answe Box) of the k	a know ory agei ered "no	n place of busine nt? Yes - g No - c	BUSINI ss street to the complete 1, give the	State or Province ESS ADDRESS address the samext page and number 10.2 and number or	ame as the continue.	e street address ue.
10.1	Address 2 (optional) Oak Brook City Country NAL - ARIZO Is the Arizon of the statuto If you answe Box) of the k Attention (optional)	a know ory agei ered "no	n place of busine nt? Yes - g No - c	BUSINI ss street to the complete 1, give the	State or Province ESS ADDRESS address the samext page and number 10.2 and number or	ame as the continue.	e street address ue.

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COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11. MANAGER-MANAGED LLC - see Instructions L025i - check this box X 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 LO25i - check this box [1] 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. I ACCEPT 11/4/14 tru Kleadur 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 Member of this member-I am a duly authorized manager-managed LLC or I am managed LLC or I am signing for an agent for this LLC. signing for an entity manager entity member named: named:

Filing Fee: \$150.00 (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing - add \$35.00 to filing fee.		1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	Fax:	602-542-4100

Pièsse be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal coursel for those matters that may pertain To the includinal needs of your business.

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If you have questions after reading the Instructions, please call 802-542-3026 or (within Arizona only) 800-345-5819.

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COVER SHEET

** ORDER COPIES USING A RECORDS REQUEST FORM **

New Entity	y Change to existing entity Re-submission of rejected filing
ENTITY NAM	IE - give the exact name of the corporation as currently shown in A.C.C. records:
Midwest Equi	ity Mortgage, LLC
	PROCESSING?
	\$35 to the filing fee NO - pay only the filing fee
Document fill http://ecorp.a	ing fees are listed on the bottom of each form or on the fee schedule on our website, azcc.gov, under the FAQs.
PAYMENT:	
☐ MOD Acc	ount #: Total amount to deduct: mail cash. Cash may be used only for in-person submittals.
include: no important	ney orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS intended or preprinted name and address of the account holder; no imprinted or preprinted check number; stamped names, addresses, or check numbers; temporary checks (new accounts). may be used for In-person submittals, and for online corporation annual reports, online name reservations, or es of good standing. We accept only Visa, MasterCard, and American Express. RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):
Email	Email address: eric@midwestequity.com
Pick up	Name: Phone:
☐ Mail	Name:
	Address:
	City: State: Zip:
	Phóse:
DOCUMENTS I	WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)
PICK-UP B	FOR ARIZONA CORPORATION COMMISSION USE ONLY DATE:
View	current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

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