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**ARIZONA CORP. COMMISSION  
FILED**
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FILED**

JAN 30 2017

JAN 25 2017

**FILE NO.** L-2155241-3 **FILE NO.** L-2155241-3

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**ARTICLES (OF) ORGANIZATION**

Read the Instructions L0101

1. **ENTITY TYPE** - check only one to indicate the type of entity being formed:  
☒ LIMITED LIABILITY COMPANY      ☐ PROFESSIONAL LIMITED LIABILITY COMPANY
2. **ENTITY NAME** - see Instructions L0101 for naming requirements - give the exact name of the LLC:  
 SolveForce.com LLC
3. **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):

**4. STATUTORY AGENT - see Instructions L0101**

<b>4.1 REQUIRED</b> - 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:  Ronald Legarski <small>Statutory Agent Name</small>  Attention (optional) 56539 El Parque <small>Address 1</small>  Address 2 (optional) City Seligman      AZ      86337 <small>City      State      Zip</small>		<b>4.2 OPTIONAL</b> - mailing address in Arizona of Statutory Agent (can be a P.O. Box):   Attention (optional)  Address 1  Address 2 (optional) City      State      Zip
<b>4.3 REQUIRED</b> - 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:

Attention (optional)		
Address 1		
Address 2 (optional)		
City Country	State or Province	Zip

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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):

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

<b>1.</b> Name Ronald Legarski Address 1 P.O. Box 369 Address 2 (optional) City Seligman Country UNITED STATES State or Province AZ Zip 86337	<b>2.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country
<b>3.</b> Name Address 1 Address 2 (optional) City Country State or Province Zip	<b>4.</b> Name Address 1 Address 2 (optional) City Country State or Province Zip
<b>5.</b> Name Address 1 Address 2 (optional) City Country State or Province Zip	<b>6.</b> Name Address 1 Address 2 (optional) City Country State or Province Zip
<b>7.</b> Name Address 1 Address 2 (optional) City Country State or Province Zip	<b>8.</b> Name Address 1 Address 2 (optional) City Country State or Province Zip

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JAN 25 2017

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

**STATUTORY AGENT ACCEPTANCE**

Please read Instructions HQ021

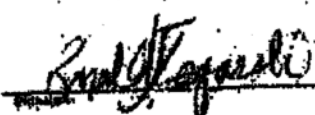
1. **ENTITY NAME** - give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):  
SolveForce.com LLC

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:  
Ronald J Legarski

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.



Ronald J Legarski  
Signature

1/25/2017  
09:11

REQUIRED - check only one:

☒ Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ 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 non-refundable - 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. Agent reflects only the information provided to us by the individual or entity. We do not conduct legal research or verify the information provided. We are not responsible for the accuracy of the information provided. We are not responsible for the accuracy of the information provided. We are not responsible for the accuracy of the information provided.

HQ02101  
Rev. 08/04

Arizona Corporation Commission - Corporations Division  
Page 1 of 1

AZ Corp. Commission



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# ARTICLES OF ORGANIZATION

## SOLVEFORCE.COM LLC

AZ CORPORATION COMMISSION  
FILED

JAN 3 5 2017

FILE NO. L-2155241-3

**MyCorporation**

26025 Mureau Road, Suite 120  
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-876-8005  
Email: [customerservice@mycorporation.com](mailto:customerservice@mycorporation.com)

## **Expedited Filing Request**

Tuesday, January 24, 2017

Corporations Division  
Arizona Corporation Commission  
1300 W. Washington  
Phoenix, AZ 85007

Fax: 602-542-4100

**RE: SolveForce.com LLC**

Ladies and Gentlemen:

Please find enclosed for expedited filing 1 copy of the Articles of Organization for the above referenced company.

Please charge the attached MOD account for filing fees.

Please email the filed documents to the following: [processing@mycorporation.com](mailto:processing@mycorporation.com)

Sincerely,

Sincerely,

MyCorporation  
Attn: Fulfillment Dept.  
26025 Mureau Road, Suite 120  
Calabasas, CA 91302

*Resubmission.*

**COMMISSIONERS**  
TOM FORESE - Chairman  
BOB BURNS  
DOUG LITTLE  
ANDY TOBIN  
BOYD DUNN



**ARIZONA CORPORATION COMMISSION**

**TED VOGT**  
Executive Director  
  
**PATRICIA L. BARFIELD**  
Director  
Corporations Division

**SOLVEFORCE.COM LLC**  
**MYCORPORATION**  
**ATTN FULFILLMENT DEPT**  
**26025 MUREAU RD STE 120**  
**CALABASAS, CA 91302**

Effective Date: 01/26/2017  
File No: L-2155241-3

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:

Articles of Organization/Application for Registration must provide the name(s), title(s), and address(es) of each person who is manager or member at the time of formation of the limited liability company.

The member structure attachment must be completed and submitted. At least one member must be listed.

Please ensure the document is legible upon resubmission.

**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.

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](mailto: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](http://www.azcc.gov/divisions/Corporations).

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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:

SolveForce.com LLC

## 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:	\$50.00
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:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	<b>\$85.00</b>

## 4. PAYMENT METHOD:

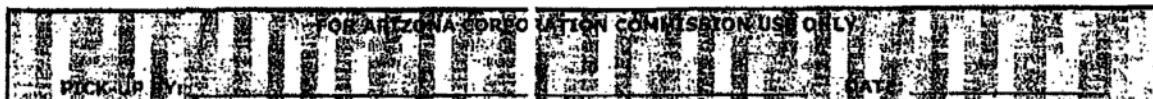
☒ MOD Account # 1775

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: PROCESSING@MYCORPORATION.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)



View current processing times at: [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations)