

OCT 25 2017

FILE NO. R 22297570

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:

BOMAC-Sweets, 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:  
Montana

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 02/23/2016

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:  
Homemade ice cream shop

<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):		
Charles Bolton Statutory Agent Name (required)			The City Creamery		
Attention (optional) 9475 N 115th Place			Attention (optional) 6268 East Cave Creek Rd		
Address 1			Address 1 Suite #8		
Address 2 (optional) City Scottsdale		AZ State	85259 Zip	Address 2 (optional) City Cave Creek	
				AZ State	85331 Zip
<b>8.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Registration.					

- 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** – *see Instructions L025i* – 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:

Attention (optional) 205 Wallace Street, Box 341		
Address 1		
Address 2 (optional) Virginia City		MT State or Province
		59755 Zip
City	UNITED STATES Country	

**10. OPTIONAL – ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

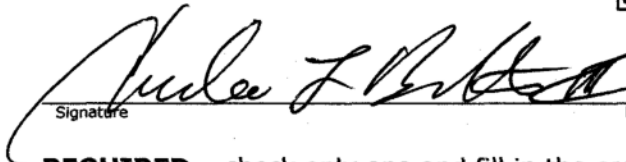
- 10.1** Is the Arizona known place of business street address the same as the **street address** of the statutory agent? ☐ Yes - go to the next page and continue.  
☒ No - complete number 10.2 and continue.
- 10.2** If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

THE City CREAMERY		
Attention (optional) 6268 East Cave Creek Rd		
Address 1		
Address 2 (optional) Cave Creek		AZ State or Province
		85331 Zip
City	UNITED STATES Country	

**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

 Charles Bolton III 10/10/2017  
Signature Printed Name Date

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

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

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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## 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):

BOMAC-Sweets, LLC

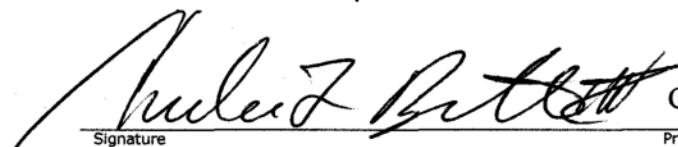
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent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

Charles L. Bolton III

### 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.



Charles L Bolton III

10/10/2017

Signature

Printed Name

Date

**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 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):

BOMAC-Sweets, 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 <u>Charles L Bolton III</u> Address 1 <u>9475 North 115th place</u> Address 2 (optional) <u>Scottsdale</u> <u>AZ</u> <u>85259</u> City <u>UNITED STATES</u> State or Province Zip Country	<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 State or Province Zip Country	<b>4.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country
<b>5.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country	<b>6.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country
<b>7.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country	<b>8.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country

**SECRETARY OF STATE**  
**Linda McCulloch -- State of Montana**



Montana State Capitol  
PO Box 202801  
Helena, MT 59620-2801

BENNETT III  
PO BOX 337  
VIRGINIA CITY MT 59755

**CERTIFICATE OF FILING**

I, LINDA McCULLOCH, Secretary of State of the State of Montana, do hereby certify that

**BOMAC-SWEETS LLC**

filed its ARTICLES OF ORGANIZATION in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in the office, I hereby issue this certificate evidencing filing effective on the date shown below. I wish you the best of luck with all your future endeavors as part of the Montana business community.

**Certified File Number:** C272369 - 1736456

**Dated:** February 23, 2016

**Effective Date:** February 22, 2016

The first Annual Report must be delivered to the Secretary of State between January 1 and April 15 of the year following the calendar year in which a Domestic or Foreign Corporation or Limited Liability Company was incorporated or authorized to transact business. Subsequent Annual Reports must be delivered to the Secretary of State between January 1 and April 15 each year thereafter.

A handwritten signature in cursive script that reads "Linda McCulloch".

Linda McCulloch  
Secretary of State



\* C 2 7 2 3 6 9 \*



\* 1 7 3 6 4 5 6 \*

# STATE OF MONTANA

ARTICLES of ORGANIZATION for  
DOMESTIC LIMITED LIABILITY COMPANY  
35-8-202, MCA

MAIL: **LINDA McCULLOCH**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
PHONE: (406)444-3665  
FAX: (406)444-3976  
WEB SITE: [sos.mt.gov](http://sos.mt.gov)



Prepare, sign, and submit with an original signature and filing fee.

This is the minimum information required.

(This space for use by the Secretary of State only)

1736456  
STATE OF MONTANA  
**FILED**

FEB 22 2016

SECRETARY OF STATE

0272369

Executed by the undersigned for the purpose of forming a  
Montana Limited Liability Company.

**PLEASE CHECK ONE BOX:**

- ☒ Limited Liability Company  
☐ Professional Limited Liability Company

**PRIORITY**

Required Filing Fee: \$70.00

- ☒ 24 Hour Priority Handling check box and Add \$20.00  
☐ 1 Hour Expedite Handling check box and Add \$100.00

- The name of the limited liability company: BOMAC- Sweets LLC  
(Must contain "limited liability company", "limited company" or if Professional, "professional limited liability company", or an abbreviation)
- The name and address of its registered office/agent in Montana:  
Appointment of the Registered Agent is confirmation of the agent's consent.  
Name: Charles Bolton  
Street Address (required): 205 West Wallace Street,  
Mailing Address (if different from street address): P. O. Box 341  
City: Virginia City State: MT Zip Code: 59755-0341  
Signature of Registered Agent:
- The business mailing address of its principal place of business:  
Mailing Address: P. O. Box 341  
City: Virginia City State: Montana Zip Code: 59755-0341
- (Check one) ☒ At Will ☐ Term If Term, the latest date on which the LLC is to dissolve: \_\_\_\_\_  
The LLC will be managed by (check one) a ☐ Manager or by its ☒ Members
- The names of the Managers or Members and business mailing addresses are (attach a list if necessary):  
Charles Bolton, P. O. Box 341, Virginia City, Montana 59755-0341
- If one or more members of the company are liable for the LLC's debts and obligations under 35-8-304(3), MCA, please attach a list of liable members and written consents of each.
- If a Professional Limited Liability Company, the services to be provided: \_\_\_\_\_
- I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this document are true.

Signature of Organizer

Charles Bolton, Member  
Printed Name & Title

February 19, 2016  
Date

Daytime Contact: Phone: (406) 843-5515 Email: notlob@live.com

RECEIVED

OCT 25 2017

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:

BOMAC - Sweets, LLC

### 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 #: \_\_\_\_\_ Total 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 checked="" type="checkbox"/> Pick up	Name: Charles Bolton <i>III</i>	Phone: 602-369-0799	
<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)**

**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)