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

ARTICLES OF ORGANIZATION

			Read the	Instruction	s <u>L010i</u>			
ι.	ENTITY TYPE - check only one to indicate the type of entity being formed:							
	•	LIMITED LIABILITY COM (entity name must contain the words "Limited Liability Company" or "LLC")		(entity n	ame must co	MITED LIABI entain the word Liability Comp	ds	MPANY
2.	ENTI	TY NAME - see Insti	naming requ	irements	- give the	exact n	ame of the LLC	
	Honani Convenience Store, LLC							
3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES — if and only if professional LLC checked in number 1 above, describe the professional services that the professional LLC will provide (examples: firm, accounting, medical):								
1.	STAT	UTORY AGENT for	service of process	s – <u>see Ins</u>	tructions	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:			4.2 OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):				
3ra	dley C.	Scott						
tati	utory Agent	Name		10 To 10				
tte	ntion (option	nal)		Attention (option	nal)	441.		
	N. Bea	aver Street		Address 1				
Addi	ess 1			Address 1				
	Flagst		AZ 86001	Address 2 (option	onal)		AZ State	Zip
ity		QUIRED— the Statutory A			submitted a	long with the	77 244 79	
5.	ARIZ 5.1 5.2	statutory agent? If you answered "I	vn place of business Yes - go to nur No" to number 5.1, place of business of	address the mber 6 and mber 5.2 ar give the pl	continue nd contin nysical o	ue or street a		
		Attention (optional) PO Box 221 Address 1 Address 2 (optional)	shangsovi Rd					
		PO Box 221	shangsovi Rd		AZ State or	86043		

COMI 7. M. LL come reg	ction and continue to number 7 or number corresponding blank: The LLC's life period will end on this date PLETE NUMBER 7 OR NUMBER ANAGER-MANAGED LLC – see Instruction C will be vested in a manager or management and complete and attach ONL	FR 8 - NOT BOTH. ructions L010i - check this box if management of the magers (meaning one or more managers will run the
7. MA LL co me re,	PLETE NUMBER 7 OR NUMBER ANAGER-MANAGED LLC – <u>see Instru</u> C will be vested in a manager or mana	ER 8 - NOT BOTH. ructions L010i - check this box if management of the nagers (meaning one or more managers will run the
7. MA LL co me re,	ANAGER-MANAGED LLC – <u>see Instru</u> C will be vested in a manager or mana mpany) and complete and attach ONL	ructions L010i – check this box if management of the nagers (meaning one or more managers will run the
LL co me rej	C will be vested in a manager or mana mpany) and complete and attach ONL	nagers (meaning one or more managers will run the
8. MI	jected if it is submitted without the att	on the Manager Structure Attachment.) The filing will be
th St	C will be reserved to the members (mere is no operating agreement stating ructure Attachment form L041. (All meters)	ections L010i – check this box if management of the meaning all members will run the company together if g otherwise), and complete and attach ONLY the Member nembers will be listed on the Member Structure if it is submitted without the attachment.
	that the information contain	declares and certifies <i>under penalty of law</i> ined within this document together with any errect, and is submitted in compliance with
_7	Ting Sman &	11/15/2018 Date
	Honani, Sr.	Date
Printed		

Arizona Corporation Commission Mail: Filing Fee: \$50.00 (regular processing)
Expedited processing – add \$35.00 to filing fee. Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. 602-542-4100 Fax:

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 A Statutory Agent (this must match exactly the statutory agent, e.g., Articles of Organization	ne nar	ne as listed on the docume	that has appointed the ent appointing the
	Honani Convenience Store, LLC			
2.	STATUTORY AGENT NAME – give the executive listed in number 1 above (this will be must match exactly the statutory agent no statutory agent (e.g. Articles of Incorporationitial or suffix:	e eithe ame a	er an individual or an entity s listed in the document the). NOTE - the name at appoints the
	Bradley C. Scott			
3.	STATUTORY AGENT SIGNATURE:			
	The person signing below declares and cert contained within this document together wis submitted in compliance with Arizona law.	ifies u	under penalty of perjury that	at the information correct, and is
	A short	Bradle	y C. Scott	11/15/2018
Sign		rinted Nar		Date
RE	QUIRED - check only one:			
•			behalf of the entity name and I am authorized to	ned as statutory agent,
Ex	ing Fee: none (regular processing) pedited processing – not applicable. fees are nonrefundable - see Instructions.	Mail: Fax:	Arizona Corporation Commission 1300 W. Washington St., Phoe 602-542-4100	on - Corporate Filings Section enix, Arizona 85007

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.

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MEMBER STRUCTURE ATTACHMENT

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):
 Honani Convenience Store, LLC
- MEMBERS give the name and address of all Members. If more space is needed, use another <u>Member Structure</u>
 <u>Attachment</u> form.

			1.					
r. King Honani, Sr.			Terra Lynn Honani					
Name			Name					
PO Box 221			PO Box 221					
Address 1		36-	Address 1					
Address 2 (optional) Second Mesa AZ 86043			Address 2 (optional) Second Mesa AZ 86043					
City UNITED STATES	State or Province	Zip	City Country UNITED STATES	State or Province	Zip			
Country 3.			4.					
Name	Name			Name				
Address 1			Address 1					
Address 2 (optional)			Address 2 (optional)					
		71-	City	State or	Zip			
Country	State or Province	Zip	Country	Province	Zip			
5.			6.					
Name			Name					
Address 1			Address 1					
Address 2 (optional)			Address 2 (optional)					
egado parte de la companya de la co		1000 000 000 000		State or	Zip			
City	State or Province	Zip	Country	State or Province	210			
7.			8.					
Name			Name					
Address 1			Address 1					
Address 2 (optional)			Address 2 (optional)					
,								
City	State or Province	Zip	City	State or Province	Zip			
Country			Country					