

Clear Form

Print Form

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:

OLIVE PARTNERS, 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:

Ohio

6. **DATE OF FORMATION IN FOREIGN DOMICILE:** 10/18/2018

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:
engaging in any lawful act/activity and engaging in any/all activities necessary/incidental to the foregoing

8. STATUTORY AGENT IN ARIZONA:					
8.1 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):		
C T Corporation System					
Statutory Agent Name (required)					
Attention (optional) 3800 North Central Avenue, Suite 460			Attention (optional)		
Address 1			Address 1		
Address 2 (optional) City Phoenix		State AZ	Address 2 (optional) City		Zip
		Zip 85012			
8.3 REQUIRED – 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:

PETE NESTINGER		
Attention (optional) 4500 EAST BROAD STREET		
Address 1		
Address 2 (optional) COLUMBUS		OH
City		Zip 43213
Country	UNITED STATES	
	State or Province	Zip

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:

Pete Nestinger		
Attention (optional) 7600 W. Olive Avenue		
Address 1		
Address 2 (optional) Peoria		AZ
City		Zip 85345
Country	UNITED STATES	
	State or Province	Zip

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 law* that this document together with any attachments is submitted in compliance with Arizona law.


☒ I ACCEPT

Pete Nestinger

8 MAR 19

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 Manager of this manager-managed LLC or I am signing for an entity manager named:	<input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input type="checkbox"/> I am a duly authorized agent 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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MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

Olive Partners, LLC

2. **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.** Check the appropriate box or boxes below each person listed. If more space is needed, use another form.

1. Pete Nestinger	2. Wasserstrom Realty, LLC
Name 4500 E. Broad St.	Name 4500 E. Broad St.
Address 1	Address 1
Address 2 (optional) Columbus	Address 2 (optional) Columbus
OH	OH
43213	43213
City UNITED STATES	City UNITED STATES
State or Province	State or Province
Zip	Zip
Country	Country
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member	<input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member
3.	4.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country	Country
<input type="checkbox"/> Manager <input type="checkbox"/> Member	<input type="checkbox"/> Manager <input type="checkbox"/> Member
5.	6.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country	Country
<input type="checkbox"/> Manager <input type="checkbox"/> Member	<input type="checkbox"/> Manager <input type="checkbox"/> Member

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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):

Olive Partners, LL C

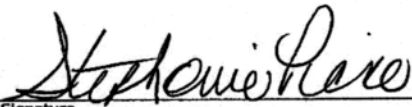
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent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

C T Corporation System

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.



Signature

Stephanie Picco

Printed Name

02/12/19

Date

REQUIRED – check only one:

<input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input checked="" type="checkbox"/> 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.
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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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Dennis R. Newman, Esq.
Columbus Office
T: 614-220-5143
F: 614-365-9516
dnewman@isaacwiles.com

April 16, 2019

Arizona Corporate Commission
1200 W. Washington St.
Phoenix, AZ 85007

Re: Olive Partners, LLC

Dear Commission:

Enclosed please find:

1. Cover Sheet
2. Application for Registration of Foreign Limited Liability Company
3. Manager Structure Attachment
4. Statutory Agent Acceptance

Our firm's check in the amount of \$150.00 is enclosed to cover the costs for filing the Application.

If anything further is required, please advise.

Very truly yours,

Dennis R. Newman

DRN:slc
Enclosures

4836-2189-5572.1: 06812-00011

COLUMBUS OFFICE
Two Miranova Place, Ste. 700
Columbus, OH 43215-5098 | 614-221-2121
TOLL FREE: 800-337-0626

CINCINNATI OFFICE
300 E-Business Way, Ste. 200
Cincinnati, OH 45241 | 513-247-6163
BY APPOINTMENT ONLY

WORTHINGTON OFFICE
300 West Wilson Bridge Road, Ste. 170
Worthington, OH 43085 | 614-221-2121

APR 22 2019

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Clear Form

Print form

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

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:

Olive Partners, 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 type="checkbox"/> Pick up	Name: _____	Phone: _____	
<input checked="" type="checkbox"/> Mail	Name: Isaac Wiles, Attn: Dennis R. Newman		
	Address: 2 Miranova Place, Suite 700		
	City: Columbus	State: OH	Zip: 43215-5098
	Phone: 614-221-2121		

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