

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

**ARTICLES OF INCORPORATION
FOR-PROFIT or PROFESSIONAL CORPORATION**

Read the Instructions C0101

1. **ENTITY TYPE** - check only one to indicate the type of entity being formed:

☒ FOR-PROFIT (BUSINESS) CORPORATION ☐ PROFESSIONAL CORPORATION

2. **ENTITY NAME** - see Instructions C0101 for naming requirements - give the exact name of the corporation:

D. MONTOYA ENTERPRISES, INC.

3. **PROFESSIONAL CORPORATION SERVICES** - If professional corporation is checked in number 1, briefly describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical):

4. **CHARACTER OF BUSINESS** - briefly describe the character of business the corporation initially intends to conduct in Arizona. **NOTE** that the character of business that the corporation ultimately conducts is not limited by the description provided.

APPRAISAL SERVICE

5. **SHARES** - see Instructions C0101 - list the class (common, preferred, etc.) and total number of shares of each class that the corporation is **AUTHORIZED** to issue - the total must be greater than zero. If more space is needed, check this box ☒ and complete and attach the Shares Authorized Attachment form C087.

Class: COMMON Series: A Total: 1000
Class: _____ Series: _____ Total: _____

6. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

- 6.1 Is the Arizona known place of business address the same as the street address of the statutory agent? ☒ Yes - go to number 7 and continue

☐ No - go to number 6.2 and continue

- 6.2 If you answered "No" to number 6.1, give the physical or street address (not a P.O. Box) of the known place of business of the corporation in Arizona:

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

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7. DIRECTORS - list the name and business address of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the Director Attachment form C082.					
DAVID J MONTOYA			AUTUMN MONTOYA		
Name			Name		
8950 MARYS DR.			8950 MARYS DR.		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
FLAGSTAFF	AZ	86004	FLAGSTAFF	AZ	86004
Country	United States <input checked="" type="checkbox"/>		Country	United States <input checked="" type="checkbox"/>	
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Country	United States <input checked="" type="checkbox"/>		Country	United States <input checked="" type="checkbox"/>	
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Country	United States <input checked="" type="checkbox"/>		Country	United States <input checked="" type="checkbox"/>	

8. STATUTORY AGENT - see Instructions C010h					
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 (can be a P.O. Box):		
DAVID J MONTOYA					
Statutory Agent Name (required)					
Address (optional)			Address (optional)		
8950 MARYS DR.					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
FLAGSTAFF	AZ	86004			
8.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Incorporation.					

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9. **REQUIRED** - you must complete and submit with the Articles a **Certificate of Disclosure**. The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.
10. **INCORPORATORS** - list the name and address, and provide the signature, of each and every incorporator - minimum of one is required. If more space is needed, check this box ☐ and complete and attach the **Incorporator Attachment** form C084.

DAVID J MONTOYA

Name

8950 MARYS DR.

Address 1

Address 2 (optional)

FLAGSTAFF

AZ

86004

City

UNITED STATES

US

State

Zip

Country

SIGNATURE - see Instructions C010:

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

DAVID J MONTOYA

Printed Name

01/07/2020

Date

AUTUMN MONTOYA

Name

8950 MARYS DR.

Address 1

Address 2 (optional)

FLAGSTAFF

AZ

86004

City

UNITED STATES

US

State

Zip

Country

SIGNATURE - see Instructions C010:

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

AUTUMN MONTOYA

Printed Name

1/7/2020

Date

Filing Fee: \$50.00 (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 records and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3036 or (within Arizona only) 800-345-5819.

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CERTIFICATE OF DISCLOSURE*Read the Instructions C003*

- 1.
- ENTITY NAME**
- give the exact name of the corporation in Arizona:

D. MONTOYA ENTERPRISES, INC.**2. FELONY/JUDGMENT QUESTIONS :**

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

2.1	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the five year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.2	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.4	If any of the answers to numbers 2.1, 2.2, or 2.3 are YES, you MUST complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.		

3. BANKRUPTCY QUESTION:

3.1	Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in any other corporation (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2	If the answer to number 3.1 is YES, you MUST complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.		

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IMPORTANT! If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

SIGNATURE REQUIREMENTS:	
Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

DAVID J. MONTOYA

Name

8950 MARYS DR.

Address 1

Address 2

FLAGSTAFF

AZ

86004

City

UNITED STATES

State

Zip

Country

SIGNATURE - see Instructions C003/:

By typing or entering my name and 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

Signature

David J. Montoya

02-20-20

Printed Name

Date

REQUIRED - check only one:

- ☒ Incorporator - I am an incorporator of the corporation submitting this Certificate.
- ☐ Officer - I am an officer of the corporation submitting this Certificate.
- ☐ Chairman of the Board of Directors - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ Director - I am a Director of the credit union or loan company submitting this Certificate.

AUTUMN MONTOYA

Name

8950 MARYS DR.

Address 1

Address 2

FLAGSTAFF

AZ

86004

City

UNITED STATES

State

Zip

Country

SIGNATURE - see Instructions C003/:

By typing or entering my name and 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

Signature

AUTUMN MONTOYA

2/20/20

Printed Name

Date

REQUIRED - check only one:

- ☒ Incorporator - I am an incorporator of the corporation submitting this Certificate.
- ☐ Officer - I am an officer of the corporation submitting this Certificate.
- ☐ Chairman of the Board of Directors - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ Director - I am a Director of the credit union or loan company submitting this Certificate.

Filing Fee: None

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

Read to confirm that A.C.C. forms reflect only the 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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Clear Form

Print Form

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STATUTORY AGENT ACCEPTANCEPlease read Instructions M0021

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 Articles of Incorporation);

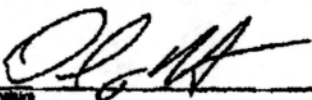
D. MONTOYA ENTERPRISES, INC.

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:

DAVID J MONTOYA3. **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.



DAVID J MONTOYA

01/07/2020

REQUIRED - check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input 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.

Mall: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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If you have questions after reading the Instructions, please call 602-542-3626 or (within Arizona only) 800-345-8219.