

Document Type: **Articles of Organization**

Document Fee: **\$50.00**

Entity Name: **I Am Kabob, LLC**

Additional Fee: **\$0.00**

Entity Information

Entity Name: I Am Kabob, LLC

Entity Type: Domestic LLC


Entity Email Address: dimarco659@gmail.com

Effective Date: 03/29/2021

Effective Time: 10:56PM

Character of Business: Accommodation and Food Services

Character of Business Sub Code: Mobile Food Services

 Perpetual (forever)

Statutory Agent Information

Name	Attention	Address	Email
Connor James DiMarco		101 W 5th St, TEMPE, AZ, 85281, USA	dimarco659@gmail.com
Attention	Mailing Address		
	101 W 5th St TEMPE, AZ, 85281, USA		

Principal Address

Attention	Address
I Am Kabob, LLC	101 W 5th St, TEMPE, AZ, 85281, USA

Principal Information

Management Structure: Manager-Managed

Title	Name	Attention	Address	Email	Date Taking Office
Manager	Connor James DiMarco		101 west 5th st, TEMPE, AZ 85281, USA	dimarco659@gmail.ocm	
Manager	Kevin William Stroemple JR		101 west 5th st, TEMPE, AZ 85281, USA	kevinstroemple01@gmail.com	
Manager	Myles Edward Drye		101 west 5th st, TEMPE, AZ 85281, USA	mdrye44@gmail.com	

Organizer Information

Name	Attention	Address	Email	Phone Number
Connor James DiMarco		101 west 5th st, TEMPE, AZ 85281, USA	dimarco659@gmail.ocm	
Kevin William Stroemple JR		101 W 5th St, TEMPE, AZ 85281, USA	kevinstroemple01@gmail.com	

Myles Edward Drye

101 W 5th St, TEMPE, AZ 85281,
USA

mdrye44@gmail.com

Uploaded Attachments

The eCorp system will take the information you've entered and create the Articles of Organization. Do you want to use the eCorp Articles as your official document submitted for filing?

☒ Yes ☐ No

File Name

I Am Kabob Statutory Agent Acceptance.pdf

I Am Kabob Manager Structure Attachment.pdf

I Am Kabob Cover Sheet.pdf

Signature

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

☒ I Agree

Name

Connor James Dimarco

Myles Edward Drye

Kevin William Stroemple JR

Title

Organizer

Organizer

Organizer

Clear Form

Print Form

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

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 Articles of Incorporation):

I Am Kabob

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:

Connor DiMarco

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.

DocuSigned by:

95533A4E3B3B46C...

Connor DiMarco

3/23/2021

Signature

Printed Name

Date

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. |
|---|---|

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing)
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination 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.

Clear Form

Print Form

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

MANAGER STRUCTURE ATTACHMENT

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

I Am Kabob

- 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 [Manager Structure Attachment](#) form.

1. Name Connor James DiMarco Address 1 101 W 5th St Address 2 (optional) City Tempe State or Province AZ Zip 85281 Country USA <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	2. Name Kevin William Stroemple Jr. Address 1 101 W 5th St Address 2 (optional) City Tempe State or Province AZ Zip 85281 Country USA <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
3. Name Myles Edward Drye Address 1 101 W 5th St Address 2 (optional) City Tempe State or Province AZ Zip 85281 Country USA <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	4. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
5. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	6. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more

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 entity as currently shown in A.C.C. records:

EXPEDITED PROCESSING? ☒ **YES** - select 1 option below ☐ **NO** - pay only the filing fee

NOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. 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.

☒ **EXPEDITED PROCESSING, ADD \$35.00**

☐ **SAME DAY SERVICE, ADD \$200.00**

Document will be examined by 5:00pm MST and must be received by 10:00am MST

☐ **TWO-HOUR SERVICE, ADD \$400.00**

☐ **NEXT DAY SERVICE, ADD \$100.00**

Document will be examined within 2-hours of submission
Must be received by 3:00pm MST

Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST

PAYMENT:

☒ MOD Account #: 510258293

Total amount to deduct:

Cash - do not mail cash. We do not accept bills over \$20.00.

Cash may be used only for in-person submittals at the Phoenix office ONLY (Tucson does not accept cash).

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 or MasterCard.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS

<input checked="" type="checkbox"/> Email	Email address REQUIRED : dimarco659@gmail.com		
	Phone number REQUIRED : 985-264-4196		
<input type="checkbox"/> Pick up	Name:		
	Phone number REQUIRED :		
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone number REQUIRED :		

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: <http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf>