

FOREIGN REGISTRATION STATEMENT

OF FOREIGN LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME:	THE WORKING LEAF, LLC
ENTITY ID:	23351628
ENTITY TYPE:	Foreign LLC
EFFECTIVE DATE:	04/25/2022
TRUE NAME IN FOREIGN DOMICILE:	The Working Leaf, LLC
FOREIGN DOMICILE STATE:	Pennsylvania
DATE OF FORMATION IN FOREIGN DOMICILE:	01/01/2019
PURPOSE/CHARACTER OF BUSINESS:	Wholesale Trade
MANAGEMENT STRUCTURE:	Manager-Managed
PROFESSIONAL SERVICES:	N/A
DESIGNATING FOREIGN COMPANY NAME:	N/A
DESIGNATING FOREIGN COMPANY DOMICILE:	N/A
DESIGNATING FOREIGN COMPANY DATE OF FORMATION IN FOREIGN DOMICILE:	N/A

DESIGNATING COMPANY MANAGER/MEMBER INFORMATION

N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME:	Northwest Registered Agent, LLC
PHYSICAL ADDRESS:	1846 E. Innovation Park Dr., STE 100, ORO VALLEY, AZ 85755
MAILING ADDRESS	1846 E. Innovation Park Dr., STE 100, ORO VALLEY, AZ 85755

PRINCIPAL ADDRESS

Att: Sheri Morgan, 431 Leitersburg Street, Greencastle, PA 17225

PRINCIPAL OFFICE OR STATUTORY AGENT ADDRESS IN JURISDICTION

DOES THE LAW OF YOUR JURISDICTION OF FORMATION REQUIRE YOU TO MAINTAIN AN OFFICE IN THAT JURISDICTION?	YES
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PRINCIPAL OFFICE ADDRESS:	Att: Sheri Morgan, 431 Leitersburg Street, GREENCASTLE, PA 17225
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STATUTORY AGENT INFORMATION:

STATUTORY AGENT NAME:	N/A
PHYSICAL ADDRESS:	N/A
MAILING ADDRESS	N/A

PRINCIPAL INFORMATION

Member and Manager: Sheri A Morgan - 431 Leitersburg Street, GREENCASTLE, PA, 17225, USA -
sher@working-leaf.com - Date of Taking Office: 01/01/2019

SIGNATURE

Authorized Agent: Sheri Morgan - 04/25/2022

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/05/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Working Leaf LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220405172902-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/05/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

The Working Leaf LLC

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Jan 1, 2019 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script that reads "Leigh M. Chapman".

Acting Secretary of the Commonwealth

Certification Number: TSC220405172901-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

☐ Return document by mail to:

Sheri Morgan
 Name
 431 Leitersburg St.
 Address
 Greencastle PA 17225-1135
 City State Zip Code

☐ Return document by email to: _____

**Certificate of Organization Domestic
 Limited Liability Company**

DSCB:15-8821(rev. 2/2017)



8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., “company”, “limited” or “limited liability company” or abbreviation):
 The Working Leaf LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company’s initial registered office in this Commonwealth is:

(post office box alone is not acceptable)

431 Leitersburg St	Greencastle	PA	17225-1135	Franklin
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider	County
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3. The name of each organizer is (all organizers must sign on page 2):

Name	Address
Sheri Morgan	431 Leitersburg St , Greencastle , Franklin , PA , United States , 17225-1135

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

☒ The Certification of organization shall be effective upon filing in the Dept of State.

☐ The Certification of organization shall be effective _____ at _____
 on: Date(MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

☐ The company is a restricted professional company organized to render the following restricted professional service(s):

- ☐ Chiropractic
- ☐ Dentistry
- ☐ Law
- ☐ Medicine and surgery
- ☐ Optometry
- ☐ Osteopathic medicine and surgery
- ☐ Podiatric medicine
- ☐ Public accounting
- ☐ Psychology
- ☐ Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

☐ This limited liability company shall have the purpose of creating general public benefit

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

☐ This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 31 day of December, 2018.

Sheri Morgan

Signature

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

CERTIFICATE OF DISCLOSURE*Read the Instructions [C003i](#)***1. ENTITY NAME** – give the exact name of the corporation in Arizona:

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 percent of the issued and outstanding common shares or ten percent 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 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 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 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 percent of the issued and outstanding common shares or twenty percent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty percent 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 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.		

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 percent of the issued and outstanding shares or ten percent 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.

Name		
Address 1		
Address 2		
City	State	Zip
Country		

SIGNATURE – see Instructions C003i:

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

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.

Name		
Address 1		
Address 2		
City	State	Zip
Country		

SIGNATURE – see Instructions C003i:

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

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.

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

Filing Fee: None All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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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.

The Working Leaf, LLC

431 Leitersburg Street
Greencastle, PA 17225

April 25, 2022

RE: Use of Fictitious Name

Be it resolved, as of the date above, the name "Working Leaf, LLC" will be used when doing business in Arizona due to the entity name "The Working Leaf, LLC" being unavailable.

Please, see the attached name reservation entity search documenting the unavailability.



Sheri Morgan, CEO
The Working Leaf, LLC

[My Dashboard \(/AzDashboard/Index\)](#)[Online Services \(/OnlineMenu/Index\)](#)[My Profile \(/AzAccount/UserProfile\)](#)[Entity Search \(/EntitySearch/Index\)](#)

1	2	3	4	5	6
Entity Search	Entity Information	Applicant Information	Signatures	Review	Done

Document Type: **Name Reservation**Document Fee: **\$10.00**Fee [Click Here \(http://azcc.gov/corporations/fee-and-payment-Schedule: info\)](http://azcc.gov/corporations/fee-and-payment-Schedule: info)Entity Name: THE WORKING
LEAFAdditional Fee: **\$35.00**

NAME RESERVATION

ENTITY SEARCH

ENTITY NAME

Entity Name: [Search](#) [Clear](#)

The entity name is not available. If the conflicting entity name is a Trade Name, and you are the owner of the Trade Name, then it is not necessary to reserve the entity name. However, if you are not the owner, then you must choose another entity name.

SEARCH RESULTS

Select	ID	Name	Entity Type	Known Place of Business	Formation Date	Status
<input type="radio"/>	23351331	Working Leaf (/BusinessSearch/BusinessInformation?businessId=2470173&businessType=Name%20Reservation)	Name Reservation			Active
<input type="radio"/>	23351628	Working Leaf LLC (/BusinessSearch/BusinessInformation?businessId=2470568&businessType=Foreign%20LLC)	Foreign LLC			Pending Active

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