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

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

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 Stock   Series: A   Total: 1000			Read the Instructi	ons Cului	
ENTITY NAME - see Instructions C010i for naming requirements - give the exact name of corporation:  Arizona Foothills Tax Accounting Inc.  PROFESSIONAL CORPORATION SERVICES - if professional corporation is checked in number 1, bit describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical):  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 description provided.  Tax Accounting  SHARES - see Instructions C010i - list the class (common, preferred, etc.) and total number of shares class that the corporation is AUTHORIZED to issue - the total must be greater than zero. If more space is need check this box and complete and attach the Shares Authorized Attachment form C087.  Class: Common Stock series: A rotal: 1000  Class: Series: Total:  ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:  6.1 Is the Arizona known place of business address the same as the street address of statutory agent? Yes - go to number 7 and continue  No - go to number 6.2 and continue  No - go to number 6.2 and continue  ARIZONA known place of business of the corporation in Arizona:  Alterition (optional)  Address 1  Address 2 (optional)	ENTIT	Y TYPE - check only on	e to indicate the ty	pe of entity being	formed:
Arizona Foothills Tax Accounting Inc.  PROFESSIONAL CORPORATION SERVICES — if professional corporation is checked in number 1, bit describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical):  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 description provided.  Tax Accounting  SHARES — See Instructions CO10i — list the class (common, preferred, etc.) and total number of shares class that the corporation is AUTHORIZED to issue — the total must be greater than zero. If more space is need check this box — and complete and attach the Shares Authorized Attachment form CO87.  Class: Common Stock — series: A		FOR-PROFIT (BUSINESS	5) CORPORATION	PROFESSIONAL COR	RPORATION
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Box) of the known place of business of the corporation in Arizona:  Attention (optional)  Address 1  Address 2 (optional)	6.1	Is the Arizona known place statutory agent?  Yes No	e of business addr - go to number 7 and - go to number 6.2 an	ess the same as the continue discontinue	(Minute Committee Committe
Attention (optional)  Address 1  Address 2 (optional)	0.2				
Address 2 (optional)					
Address 2 (optional)		Attention (optional)	3,,	7 ( - 7 )	· ·
		Address 1	or no re-enders.	*	or complete the complete to
		Address 2 (optional)			
City State or Zip		City		State or	Zip

Attachment form C08	2.	***************************************			
ohn Boyle					
Name 170 S Palm Ln Unit 51	or the late economics	de idealesta e e	Name	Control of the second	cella con succ. Sincial con
Address 1	4		Address 1	<i>j</i>	
Address 2 (optional)	T		Address 2 (optional)		T
handler	AZ	85225			
ountry UNITED STATES	State or Province	Zip	Country	State or Province	Zip
			11.071	1901 1116	
lame	9.76		Name	year to the Alay	K KT KTYN
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Country	State or Province	Zip	City	State or Province	Zip
ame			Name		
ddress 1	,		Address 1		
ddress 2 (optional)			Address 2 (optional)		
country	State or Province	Zip	City	State or Province	Zip
	. * .	· · · · · · · · · · · · · · · · · · ·			
8. STATUTORY AGEN	T - <u>see Insti</u>	ructions C01	0i <b>:</b>		
<b>8.1</b> REQUIRED – g an individual or ar or street addres of the statutory as	n entity) <b>and p</b> ess (not a P.O. Be	hysical		AL – mailing address y agent (can be a P.C	
John Boyle Statutory Agent Name (required)					
Attention (optional)		evi'	Attention (optional)		
870 S Palm Ln Unit 51			Accellulati (optional)		
Maria 1			Address 1		

Address 2 (optional)

City REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with

7. DIRECTORS - list the name and business address of each and every Director or the

corporation. If more space is needed, check this box 
and complete and attach the Director

Address 2 (optional)

city Chandler

8.3

AZ

these Articles of Incorporation.

State

85225

Zip

		plete and submit if the Certificate (			
10. INCORPORA every incorpo and complete	rator - minimu	e name and add m of one is requi e Incorporator Att	red. If more sp	ace is needed, c	<b>e,</b> of each and heck this box
John Boyle		3 - 1 - 2	0 01.531 25.7	10.29	
Name 870 S Palm Ln Unit 5	1		Name		
Address 1	<u> </u>		Address 1		
710011035 2					
Address 2 (optional)		177	Address 2 (optional)		
Chandler	AZ	85225	1.7	200	////
UNITED STATE	State	Zip	City		State Zip
Country			Country		
attachments is submitted	I ACCEPT	h Arizona law.	attachments is s	I ACCEP	nce with Arizona law.
Signature			Signature		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
John Boyle		05/24/2022	187 177		
Printed Name		Date	Printed Name		Date
					11. 14. 51 mg 21. 1
the second second					
Expedited or Same Day/	Next Day service	s are available for	an additional fee	- see Instructions	or Cover sheet for price

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.

Mail:

Filing Fee: \$60.00 (regular processing)

All fees are nonrefundable - see Instructions.

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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## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	ricase reac	Tristractions Floor				
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):  Arizona Foothills Tax Accounting Inc.					
2.	<b>STATUTORY AGENT NAME</b> – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match <b>exactly</b> 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:					
	John Boyle		1 12			
3.	STATUTORY AGENT SIGNATURE:					
	By the signature appearing below, the individual accepts the appointment as statutory agent for acknowledges that the appointment is effective agent or the statutory agent resigns, whichever	the entity named in number 1 above, and until the appointing entity replaces the s	d tatutory			
	The person signing below declares and certifies contained within this document together with a submitted in compliance with Arizona law.					
U	u l'age	Boyle	05/24/2022			
Sigi	Printed N	ame	Date			
RE	QUIRED - check only one:					
	Individual as statutory agent: I am	Entity as statutory agent: I am s	igning on			
-	signing on behalf of myself as the individual	behalf of the entity named as statute	ory agent,			
	(natural person) named as statutory agent.	and I am authorized to act for that e	ntity.			
	•					
	Expedited services are available for an addition	al fee – see Instructions or Cover sheet for pri	ces.			
1	ng Fee: none (regular processing) fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examin 1300 W. Washington St., Phoenix, Arizona Fax: 602-542-4100				

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## CERTIFICATE OF DISCLOSURE

Read the Instructions C003i

1.		ENTITY NAME – give the exact name of the corporation in Arizona:					
	Alizo	na Foothills Tax Accounting Inc.		4.4			
2.	Has a	NY/JUDGMENT QUESTIONS:  ny person (a) who is currently an officer, director, trustee, or incorporate of the issued and outstanding common sy other proprietary, beneficial or membership interest in the corporate	shares or te				
	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?	☐ Yes	■ No			
J 146 3	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?	☐ Yes	■ 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:					
		<ul> <li>a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;</li> <li>b. The violation of the consumer fraud laws of that jurisdiction;</li> <li>c. The violation of the antitrust or restraint of trade laws of that jurisdiction?</li> </ul>	Yes	■ No			
	2.4	If any of the answers to numbers 2.1, 2.2, or 2.3 are <b>YES</b> , you <b>MU</b> and attach a Certificate of Disclosure Felony/Judgment Attachment for		:e 5390			
3.	BANKI	RUPTCY QUESTION:	ison of to a	Chairms Chairms			
	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		o confid no impo			
		any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty percent interest in <b>any other corporation</b> (not the one filing this Certificate) on the bankruptcy or receivership <b>of the other corporation</b> ?	Yes	■ No			

**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.

STORM ONE REQUIREMENT		
Initial Certificate of Disclosure:		e signed by all incorporators. If more space is needed, n incorporator Attachment form C084.
Foreign corporations:	This Certificate may be the Board of Directors.	e signed by a duly authorized officer or by the Chairman of
Credit Unions and Loan Companies:	This Certificate must be	e signed by any 2 officers or directors.
ohn Boyle		
lame		Name
70 S Palm Ln Unit 51		Address 1
		o programa, a superior de la compansión de
ddress 2 Chandler A	AZ 85225	Address 2
UNITED STATES	ate Zip	City State Zip Country
y typing or entering my name and of accept" below, I acknowledge under his document together with any attacompliance with Arizona law.	er penalty of law that chments is submitted in	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 ACCE	PT	I ACCEPT
Ala Badi		to compare the control of the contro
Signature		Signature
ohn Boyle	05/24/2022	en tour and the second of the second
Printed Name	Date	Printed Name Date
EQUIRED – check only one:		REQUIRED - check only one:
Incorporator - I am an incor corporation submitting this Ce		Incorporator - I am an incorporator of the corporation submitting this Certificate.
Officer - I am an officer of the submitting this Certificate	e corporation	Officer - I am an officer of the corporation submitting this Certificate
Chairman of the Board of D Chairman of the Board of Dire 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	Director - I am a Director of the credit union or loan

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

	Mail: Arizona Corporation Commission - Examination Section
Filing Fee: None	1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	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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company submitting this Certificate.

SIGNATURE REQUIREMENTS:

company submitting this Certificate.