



Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER:

028055992

For office use only

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



228055992-26394633

F & F SCOTTSDALE, LLC

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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) NAME: F & F Scottsdale, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION 23313515

OR: CERTIFICATE OF EXISTENCE ☐ (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) DATE OF ORGANIZATION: 12/29/2021 DURATION, IF NOT PERPETUAL:

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

698 12th Street SE, Ste 200

Salem OR 97301

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

17250 N Hartford Dr., Suite 115, Scottsdale, AZ 85255

4) STATE OR COUNTRY OF ORGANIZATION:

Arizona

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

17250 N Hartford Dr., Suite 115, Scottsdale, AZ 85255

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

6) NAME OF OREGON REGISTERED AGENT:

Capitol Corporate Services, Inc.

☒ This LLC will be member-managed by one or more members.

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11) EXECUTION: (At least one member or manager must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

DocuSigned by:

DA4CF74B1F9046A...

Printed Name:

Ron Ferguson

Title:

President/Member

CONTACT NAME: (To resolve questions with this filing.)

Capitol Services - Corporate Filings Team

PHONE NUMBER: (Include area code.)

(800) 345-4647

FEES

Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business, using the Business Name Search program.