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Corporate Inquiry

File Number: L-1602979-2

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Corp. Name: MILLER LOCK & SAFE, LLC

Domestic Address

1402 N MILLER RD STE C1

SCOTTSDALE, AZ 85257

Statutory Agent Information

Agent Name: DAVID MARHOFFER

Agent Mailing/Physical Address:

7345 E SHOEMAN LN STE B

SCOTTSDALE, AZ 85251

Agent Status: APPOINTED 05/14/2010

Agent Last Updated: 05/18/2010

Additional Corporate Information

Corporation Type: DOMESTIC L.L.C.

Business Type:

Incorporation Date: 05/14/2010

Corporate Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 05/18/2010

Original Publish Date:

Manager/Member Information

KOBI BURSHEIN MANAGER 1402 N MILLER RD STE C1 SCOTTSDALE, AZ 85257 Date of Taking Office: 05/14/2010 Last Updated: 05/18/2010	AMIR RON MANAGER 1402 N MILLER RD STE C1 SCOTTSDALE, AZ 85257 Date of Taking Office: 05/14/2010 Last Updated: 05/18/2010
KOBI BURSHEIN MEMBER 1402 N MILLER RD STE C1 SCOTTSDALE, AZ 85257 Date of Taking Office: 05/14/2010 Last Updated: 05/18/2010	AMIR RON MEMBER 1402 N MILLER RD STE C1 SCOTTSDALE, AZ 85257 Date of Taking Office: 05/14/2010 Last Updated: 05/18/2010

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Document Number	Description	Date Received
03111480	ARTICLES OF ORGANIZATION	05/14/2010

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AZ CORPORATION COMMISSION
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MAY 14 2010

FILE NO. L-110029792

DO NOT WRITE ABOVE THIS LINE, FOR AOC USE ONLY

ARTICLES OF ORGANIZATION

DO NOT PUBLISH THIS SECTION
NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional services. Professional services is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name shall contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name shall contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC".

2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK.

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent must sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

- ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-445)
- ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-441.01)

1. The name of the organization:

A. _____
 LLC Name Reservation File Number (if one has been obtained, if not, leave this line blank)

B. Miller Lock & Safe, LLC
 Limited Liability Company Name

2. Known place of business in Arizona (if address is the same as the other address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)

Address 1402 North Miller Road, Suite C1

City Scottsdale State Arizona Zip 85267

3. The name and street address of the statutory agent in Arizona

Name David Marhofer

Address 7346 East Showman Lane, Suite B

City Scottsdale State Arizona Zip 85251

Acceptance of Appointment by Statutory Agent:

I David Marhofer, having been designated to act as
 (Print Name of the Statutory Agent)
 Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature: *David Marhofer*

If signing on behalf of a company, please print the company name here.

DO NOT FURNISH THIS SECTION

A. Only required for professional limited liability company. The person must state the professional nature of services that the company is required to perform. Professional service is defined as a service that may be legally rendered only by a person licensed in this state to render the service.

B. The latest date, if any, on which the Company must dissolve. If a dissolution date should include the month, day and year. Purpose does not apply to a person licensed in this state to render the service.

C. Check which management structure will be applicable to your company. Provide name, title and address for each person.

SA. If reserved to the member(s), check this member's box and provide the name(s) and address(es) of each member. **NOTE:** If reserved to the member(s) you cannot be a manager.

SB. If vested in manager(s) check the manager's box and provide the name(s) and address(es) of each manager who owns a majority (50%) percent or greater interest in the capital or profits of the LLC. **LLC.**

The person(s) executing this document must not be a manager or member of the company.

4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)

5. Dissolution: The latest date of Dissolution

The latest date to dissolve / / (Please enter month, day and four digit year)
 The Limited Liability Company is Perpetual

6. Management Structure: (Check one box only) A.R.S. §29-432(B)

A. RESERVED TO THE MEMBER(S)
IF RESERVED TO THE MEMBERS, YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

B. VESTED IN MANAGER(S)
IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name: <u>Amir Razi</u>	Name: <u>Kobi Blumstein</u>
<input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Manager (only if "B" is selected above)	<input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Manager (only if "B" is selected above)
Address: <u>1402 North Miller Road, Suite C1</u>	Address: <u>1402 North Miller Road, Suite C1</u>
City: <u>Scottsdale</u> State: <u>AZ</u> Zip: <u>85257</u>	City: <u>Scottsdale</u> State: <u>AZ</u> Zip: <u>85257</u>
Name: _____	Name: _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

IF YOU NEED ASSISTANCE FOR LEGAL ISSUES, CONSULT WITH AN ATTORNEY. PLEASE ATTEND TO THE ADDITIONAL NOTES TO THE ARTICLES OF ORGANIZATION.

Executed this 17 day of May, 2010

Executed by: *Lauren De Malico* Print Name: Lauren De Malico

If signing on behalf of a company, please print the company name here.

Phone Number: 602-585-0810 Fax Number: _____