

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
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KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Theresa Siebel
The Lotus Group
2128 Sawtooth Mountain Drive
Henderson, NV 89044

Job:C20190102-2002
January 2, 2019

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Articles of Organization	20190001931-96	1/2/2019 2:44:17 PM	1	\$75.00	\$75.00
Initial List	20190001932-07	1/2/2019 2:44:18 PM	1	\$150.00	\$150.00
Business License 1/2019-1/2020	20190001932-07	1/2/2019 2:44:18 PM	1	\$200.00	\$200.00
Total					\$425.00

Payments

Type	Description	Amount
Credit	02450B 5464690547936929504079	\$425.00
Total		\$425.00

Credit Balance: \$0.00

Job Contents:

LLC Charter	1
File Stamped Copies	2
Business License	1

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 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



050106

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20190001931-96 Filing Date and Time 01/02/2019 2:44 PM Entity Number E0001112019-9
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(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	MARKET CONNECTIONS LLC		Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
	<input type="checkbox"/> Commercial Registered Agent: _____ <small>Name</small>		<input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)	
2. Registered Agent for Service of Process: (check only one box)	KATHLEEN FISHER <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small>			
	4262 BLUE DIAMOND ROAD #102-427 <small>Street Address</small>	LAS VEGAS <small>City</small>	Nevada	89139 <small>Zip Code</small>
	_____ <small>Mailing Address (if different from street address)</small>	_____ <small>City</small>	Nevada	_____ <small>Zip Code</small>
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): _____			
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) <small>(check only one box)</small>			
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) KATHLEEN M FISHER <small>Name</small>			
	4262 BLUE DIAMOND ROAD #102-427 <small>Street Address</small>	LAS VEGAS <small>City</small>	NV <small>State</small>	89139 <small>Zip Code</small>
	2) DAWN T SIEBEL <small>Name</small>			
	4262 BLUE DIAMOND ROAD #102-427 <small>Street Address</small>	LAS VEGAS <small>City</small>	NV <small>State</small>	89139 <small>Zip Code</small>
	3) _____ <small>Name</small>			
	_____ <small>Street Address</small>	_____ <small>City</small>	_____ <small>State</small>	_____ <small>Zip Code</small>
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.			
	DAWN T SIEBEL <small>Name</small>		<input checked="" type="checkbox"/> DAWN T SIEBEL <small>Organizer Signature</small>	
	4262 BLUE DIAMOND ROAD #102-427 <small>Address</small>	LAS VEGAS <small>City</small>	NV <small>State</small>	89139 <small>Zip Code</small>
7. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i>			1/2/2019 <small>Date</small>
	<input checked="" type="checkbox"/> KATHLEEN FISHER <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small>			

This form must be accompanied by appropriate fees.

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **MARKET CONNECTIONS LLC** did on January 2, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 2, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20190102-2002

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

MARKET CONNECTIONS LLC

E0001112019-9

NAME OF LIMITED-LIABILITY COMPANY



FOR THE FILING PERIOD OF TO

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20190001932-07
	Filing Date and Time 01/02/2019 2:44 PM
	Entity Number E0001112019-9

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager**, or if none, a **Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

(This document was filed electronically.)
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ANNUAL LIST FILING FEE: \$150.00 **LATE PENALTY:** \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 **LATE PENALTY:** \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co.

NAME <input type="text" value="KATHLEEN M FISHER"/>	MANAGER OR MANAGING MEMBER		
ADDRESS <input type="text" value="4262 BLUE DIAMOND ROAD #102-427"/>	CITY <input type="text" value="LAS VEGAS"/>	STATE <input type="text" value="NV"/>	ZIP CODE <input type="text" value="89139"/>
NAME <input type="text" value="DAWN T SIEBEL"/>	MANAGER OR MANAGING MEMBER		
ADDRESS <input type="text" value="4262 BLUE DIAMOND ROAD #102-427"/>	CITY <input type="text" value="LAS VEGAS"/>	STATE <input type="text" value="NV"/>	ZIP CODE <input type="text" value="89139"/>
NAME <input type="text"/>	MANAGER OR MANAGING MEMBER		
ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
NAME <input type="text"/>	MANAGER OR MANAGING MEMBER		
ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X DAWN T SIEBEL
Signature of Manager, Managing Member or Other Authorized Signature

Title Date

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

MARKET CONNECTIONS LLC
Nevada Business Identification # NV20191002626

Expiration Date: January 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 2, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.