



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5th Floor  
 Phoenix, AZ 85007-2934  
 www.azliquor.gov  
 (602) 542-5141

\*17 MAY 2 Lic. Lic. PM 2 17  
 DLIC USE ONLY

License #	10023192
Date Accepted:	5/2/17
CSE:	W

Application for Liquor License  
 Type or Print with Black Ink

Parcel # 106-24-176A

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE**  
 A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

**SECTION 1 Type of License**

- Interim Permit
- New License
- Person Transfer
- Location Transfer (series 6, 7 and 9)
- Probate/ Will Assignment/ Divorce Decree (No Fees)
- Seasonal

**SECTION 2 Type of Ownership**

- J.T.W.R.O.S.
- Individual
- Partnership
- Corporation
- Limited Liability Co
- Club
- Government
- Trust
- Tribe
- Other (Explain) \_\_\_\_\_

**SECTION 3 Type of license**

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application) A.R.S. § 4-206.01(G), (H), (I) & (L)
- Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies) A.R.S. § 4-207(A) & (B)

1. Type of License (restaurant, bar etc.): Series 10 2. LICENSE # (if issued): 10023192

**SECTION 4 Applicants**

1. Agent's Name: Lewkowicz Andrea Dahlman  
Last First Middle

2. Applicant/Licensee Name: Max Mini Mart, Ltd.  
(Ownership name for type of ownership checked on section 1) Middle B1044483

3. Business Name (Doing Business As-DBA): Mustang Corners

4. Business Location Address: 2222 N Hwy 90 Huachuca City AZ 85616 Cochise  
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 2600 N. Central Avenue, Suite 1775 Phoenix AZ 85004  
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 907-2566 Daytime Contact Phone: (602) 200-7222

7. Email Address: andrea@lewklaw.com

8. Is the Business located within the incorporated limits of the above city or town?  Yes  No  
 If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? \_\_\_\_\_

Fees:	\$ <u>100.00</u> Application	\$ <u>100.00</u> Interim Permit	Department Use Only	_____	\$ <u>200.00</u> Total of All Fees
			Site Inspection	Finger Prints	
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5 Background Check**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. If the applicant is an entity, not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: 10/30/2014 10/25/10 State where Incorporated/Organized: Delaware AZ  
 b) AZ Corporation or AZ L.L.C. File No: -1611385-5 Date authorized to do business in AZ 6/29/2010

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Holmes	Richard	Thomas	Pres/Sec	100%	37193 Buckskin Circle	Parker	AZ	85344

(Attach additional sheet if necessary)

**SECTION 6 Interim Permit**

If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01 For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01 (A)

1. Enter license number currently at the location: 00023023  
 2. Is the license currently in use?  Yes  No If no, how long has it been out of use? \_\_\_\_\_

I, (Signature) Michael George Wystrach declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

Attach a copy of the license currently issued at this location to this application.

**NOTARY**

State of Arizona )  
 County of Santa Cruz )

On this 21 Day of April, 20 17 before me personally appeared Michael George Wystrach  
(Day Month Year) (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above instrument.

**WHITNEY R. MARSHALL**  
 Notary Public - State of Arizona  
 SANTA CRUZ COUNTY  
 My Commission Expires  
 December 20, 2020

(Affix Seal Above)

[Signature]  
 Signature of NOTARY PUBLIC

**SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on the license) Last First Middle  
 2. Assignee's Name: \_\_\_\_\_  
 Last First Middle  
 License Number: \_\_\_\_\_

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.



-Section 10 continued -

1. Distance to nearest School: 24,816 ft Name of School: Huachuca City Elementary School  
 (If less than one (1) mile note footage) Address: 100 School Dr, Huachuca City, AZ 85616

2. Distance to nearest Church: 4,752 ft Name of Church: Good Shepherd Mission  
 (If less than one (1) mile note footage) Address: 2241 N Good Shepherd Way, Huachuca City, AZ 85616

**SECTION 11 Business Financials A.R.S. §4-202(F)**

1. I am the:

- Tenant: a person who holds the lease of a property; a lessee.
- Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- Owner
- Purchaser
- Management Company

2. If the premises is leased give lessors: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or Other: \_\_\_\_\_

4. Total money borrowed for the Business not including lease? \$ 0.00

Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?

Yes  No If yes, attach explanation.

6. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?

Yes  No If yes, attach explanation.

**SECTION 12 Diagram of Premises**

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

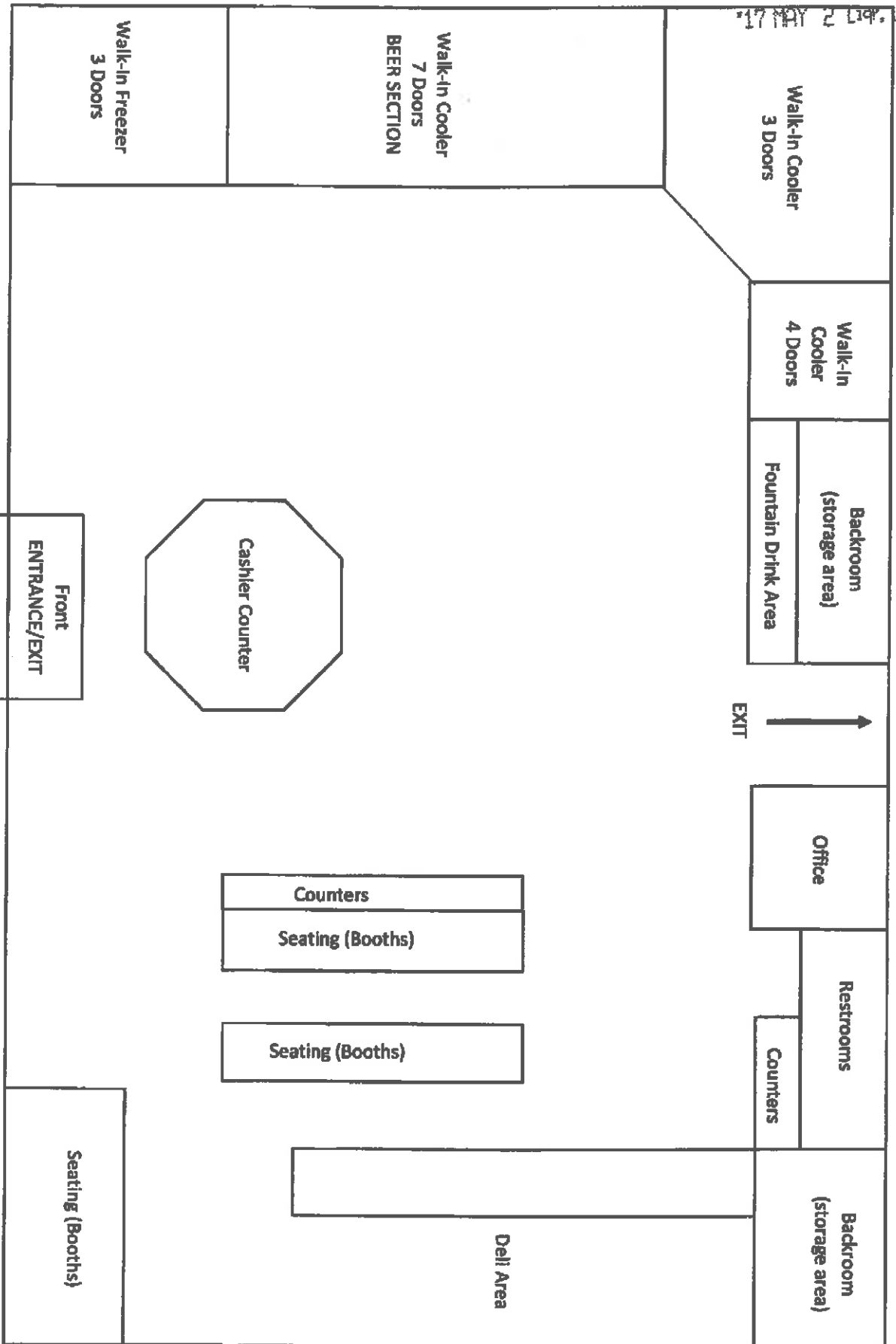
Patio:  Contiguous  Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

Yes  No If yes, what is your estimated completion date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.

17 MAY 2 11:49 AM Lic. FM 2118



Mustang Corner Shell 2222 Hwy 90 Huachuca City, AZ 85616 Building Square Feet 4,287

Liquor Storage Throughout (licensed premise)

2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

3. As stated in A.R.S. §4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

*[Handwritten Signature]*  
Applicant's Initials

**RESTAURANTS AND HOTELS/MOTELS ONLY**

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S. §4-205.02(C)

4b. Provide a restaurant operation plan.

**SECTION 13 SIGNATURE BLOCK**

I, (Signature) *[Handwritten Signature]*, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

**NOTARY**

State of Arizona )

County of MARICOPA )

On this 20 Day of APRIL, 2017 before me personally appeared ANDREA DAHLMAN LEWKOWITZ  
(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



*[Handwritten Signature]*  
Signature of NOTARY PUBLIC

(Affix Seal Above)

**A.R.S. §41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FP current

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks.

P1056227

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023172

(If the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager. Agent is selected.

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: (NOT a public record)

3. Social Security #: (NOT a public record) Driver License #: State: AZ

4. Place of birth: MANKATO MN USA Height: 5'8" Weight: 140 Eyes: HZL Hair: BLN

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 04/1961

7. Daytime telephone number: (602) 200-7222 E-mail address: andrea@lewklaw.com

8. Business Name: MUSTANG CORNERS Business Phone: 520 / 907 / 2566

9. Business Location Address: 2222 N. HWY 90 HUACHUCA CITY AZ COCHISE 85616

10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 01/2004, CURRENT, ATTORNEY, LEWKOWITZ LAW OFFICE PLC, 2600 N CENTRAL AVE. #1775 PHOENIX, AZ 85004

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
02/1998	CURRENT	OWN	5745 N 25th STREET	PHOENIX	AZ	85016

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14.  Yes  No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide the DLLC-approved certificate of completion issued by a course provider.)  Yes  No
14. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, include only those that are alcohol and/or drug related.) A.R.S. §4-202  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210  Yes  No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation.  Yes  No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D)  Yes  No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.

**CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED**

**Signature Block**

I, (Print Name) ANDREA DAHLMAN LEWKOWITZ, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: *[Signature]*

**NOTARY**

State of Arizona )

County of MARICOPA )

On this 26 Day of APRIL, 20 17 before me personally appeared ANDREA DAHLMAN LEWKOWITZ  
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above-mentioned document.



*[Signature]*  
 Signature of NOTARY PUBLIC

(Affix Seal Above)

**SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

I, (Print Full Name) \_\_\_\_\_, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: \_\_\_\_\_



'17 MAY 2 Liq. Lic. PM 2:18



2600 North Central Avenue  
Suite 1775  
Phoenix, Arizona 85004  
☎ 602.200.7222  
📠 602.200.7234  
[www.lewkowitzlaw.com](http://www.lewkowitzlaw.com)

Andrea D. Lewkowitz  
H.J. Lewkowitz

April 26, 2017

Cynthia Bejar, Licensing Manager  
Department of Liquor Licensing & Control  
800 West Washington Street, 5th Floor  
Phoenix, Arizona 85007

Re: Alien Status Form and Passport

Dear Ms. Bejar:

My completed Alien Status form and a copy of my passport are on file at the Arizona Department of Liquor Licenses and Control.

If you require more information from me, please call. Thank you!

Sincerely,

A handwritten signature in black ink that reads 'Andrea D. Lewkowitz'.

Andrea D. Lewkowitz

ADL/als



17 MAY 2 Lic. Lic. PM 2:18

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FP Current

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

FP: 3/17/2016

The fees allowed by A.R.S. 54-6852 will be charged for all dishonored checks.

P1063225

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023192

(If the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager, with instructions to complete questions.

2. Name: Holmes Richard Thomas Birth Date: (Last First Middle NOT a public record)

3. Social Security #: (NOT a public record) Driver License #: State: California

4. Place of birth: Encino CA USA Height: 5'8 Weight: 195 Eyes: Brown Hair: Brown (City State COUNTRY (not county))

5. Name of current/most recent spouse: Holmes Janet Ruth Gibson Birth Date: (Last First Middle Maiden NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: A.R.S. §4-202(A) and (C)

7. Daytime telephone number: (626) 827-1708 E-mail address: None

8. Business Name: MUSTANG CORNERS Business Phone: 520 / 907 / 2566

9. Business Location Address: 2222 N HWY 90 HUACHUCA CITY AZ COCHISE 85616 (Street (do not use PO Box) City State County Zip)

10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include Max Mini Mart Ltd and Horizon Auto.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
10/1995	CURRENT	Own	5581 Lakeview Drive	LaVerde	CA	91750
04/1998	Current	Own	37193 Buckskin Circle	Parker	AZ	85344

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?  Yes  No  
(Must provide the DLLC-approved certificate of completion issued by a course provider.)
14. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, include only those that are alcohol and/or drug related.) A.R.S. §4-202  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202, 4-210  Yes  No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation.  Yes  No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D)  Yes  No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.

**CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED**

**Signature Block**

I, (Print Name) Richard Thomas Holmes, hereby declare that I am the Owner/Agent filing this application. I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: [Signature]

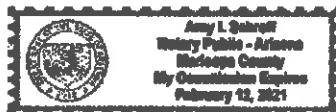
**NOTARY**

State of Arizona

County of Maricopa }

On this 04 Day of April, 2017 before me personally appeared Richard Thomas Holmes  
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



[Signature]  
Signature of NOTARY PUBLIC

(Affix Seal Above)

**SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

I, (Print Full Name) \_\_\_\_\_, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: \_\_\_\_\_



STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Douglas A. Ducey  
GOVERNOR

May 2, 2017

John Cocca  
DIRECTOR

**Andrea Dahlman Lewkowitz**  
**Mustang Corners**  
**2600 N Central Ave #1775**  
**Phoenix, AZ 85004**

**Re: Application No. 10023172**

**Dear Ms. Lewkowitz:**

**The following information is required to continue processing your application:**

**Proof of required Liquor Law Training for persons involved in the day to day operations of the business per substantive policy as outlined below.**

- **Completion of the Liquor Law Training Courses is required prior to issuance of a license. Such training must have been completed within the last three years.**
- **The person(s) required to attend both the Basic Liquor Training and Management Training, ( either on sale or off sale), will include the following: owner(s), licensee/agent or manager(s) who are actively involved in the day to day operations of the business.**
- **Before acceptance of a Managers Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on sale or off sale) will be required.**

**If you have any questions, please contact me at (602) 364-1898.**

**Thank you,**

**Debbie Wunderly**  
**Customer Service Representative**

**Enclosures**

800 WEST WASHINGTON, 5<sup>th</sup> FLOOR PHOENIX, ARIZONA 85007-2934 PHONE (602) 542-5141 FAX (602) 542-5707

[WWW.AZLIQUOR.GOV](http://WWW.AZLIQUOR.GOV)

Individuals requiring special accommodations please call (602)542-9027



AZ CORPORATION COMMISSION  
FILED

ARTICLES OF INCORPORATION

JUN 23 2018

OF

FILE NO. 16/13055

MAX MINI MART, LTD.

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, have associated myself for the purpose of forming a Corporation under the laws of the State of Arizona, and adopt the following Articles of Incorporation.

I.

The name of the Corporation is MAX MINI MART, LTD.

II.

The purposes for which this Corporation is organized is the prosecution of any or all lawful business for which Corporations may be incorporated under the laws of Arizona, as they may be expanded from time to time.

III.

The Corporation hereby intends to conduct the business of the operation of a gas station and retail market.

IV.

The Corporation shall have authority to issue 1,000,000 shares of common stock with \$1.00 par value.

V.

The street address of the principal place of business of the Corporation is: 1371 S. Palo

Yard Blvd., Lake Haven City, AL 36406.

VI.

The name and address of the Statutory Agent of the Corporation is Harvey R. Jackson, Attorney at Law, 3479 McCulloch Blvd., N., Lake Haven City, AL 36406.

VII.

The names and addresses of the initial Board of Directors, initial Officers, and the incorporators are as follows, and the names and addresses of the persons who are to serve as the Directors until the first Annual Meeting of Shareholders or until their successors are elected and qualified are:

Richard T. Holmes, Director/President/Secretary/Treasurer  
37199 Huntsville Circle  
Pike, AL 36344.

The number of persons to serve on the Board of Directors hereafter shall be fixed by the Bylaws.

VIII.

All powers, duties and responsibilities of the incorporators shall cease at the time of delivery of these Articles of Incorporation to the Alabama Corporation Commission.

IX.

The Corporation shall indemnify any person who incurs expense or liabilities by reason of the fact he or she is or was an Officer, Director, employee or agent of the Corporation or is or was acting at the request of the Corporation or a Director, Officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise. This indemnification shall be mandatory in all circumstances in which indemnification is permitted by law.

**X**

To the fullest extent permitted by the Arizona Revised Statutes at the time of the adoption of this Article, a Director of the Corporation shall not be liable to the Corporation or its stockholders for monetary damages for any action taken or any failure to take any action as a Director. No repeal, amendment or modification of this Article, whether direct or indirect, shall operate or reduce its effect with respect to any act or omission of a Director of the Corporation occurring prior to such repeal, amendment or modification.

EXECUTED this 24<sup>th</sup> day of June, 2010, by all of the Incorporators:

  
RICHARD T. HOLMES

**ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT**

The undersigned hereby acknowledges and accepts the appointment as Statutory Agent of the above-named Corporation, effective this 24<sup>th</sup> day of June, 2010.

  
HARVEY JACKSON

AMERICAN COMMUNICATIONS CORPORATION  
COMMUNICATIONS DIVISION

Transit Address: 1200 West Washington  
Phoenix, Arizona 85007-0000

Transit Address: 600 West Chicago  
Chicago, Illinois 60606-1000

UNITED  
CERTIFICATE OF INCLOSURE  
A.S.A. 110321D

Post Office Mark: 1000

4. This certificate is subject to the terms and conditions of the certificate of incorporation of the corporation and to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

1. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.
2. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.
3. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

To: Mr. J.

1. Mr. J. is hereby notified that the certificate of incorporation of the corporation is being filed with the Secretary of State of the State of Arizona.

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3. The certificate of incorporation of the corporation is being filed with the Secretary of State of the State of Arizona.
4. The certificate of incorporation of the corporation is being filed with the Secretary of State of the State of Arizona.

1. The certificate of incorporation of the corporation is being filed with the Secretary of State of the State of Arizona.
2. The certificate of incorporation of the corporation is being filed with the Secretary of State of the State of Arizona.

5. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

To: Mr. J.


6. This certificate is subject to the terms and conditions of the certificate of incorporation of the corporation and to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

1. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.
2. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.
3. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.
4. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

7. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

8. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

To: Mr. J.

  
Richard E. Malone

9. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

FILED: Incorporation DATE: 6/24/2010

10. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.

11. The certificate of incorporation of the corporation shall be subject to the terms and conditions of the certificate of incorporation of the corporation as amended or as otherwise amended from time to time.