| Fill | in this information to ident | ify your case: | | |
|------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Uni | ited States Bankruptcy Court | for the: | | |
| DIS | STRICT OF ARIZONA | | | |
| Cas | se number (if known) | _ Chapter 11 | | |
| | | | | ☐ Check if this an amended filing |
| V(| ore space is needed, attach | on for Non-Individual a separate sheet to this form. On the to the document, Instructions for Bankrupt | op of any additional pages, write the | debtor's name and case number (if known). |
| 1. Debtor's name OXYGEN HOSPITALITY GROUP, INC | | | | |
| 2. | All other names debtor used in the last 8 years | | | |
| | Include any assumed names, trade names and doing business as names | | | |
| 3. | Debtor's federal Employer Identification Number (EIN) | 82-3617228 | | |
| 4. | Debtor's address | Principal place of business | Mailing addre business | ss, if different from principal place of |
| | | 20860 N. TATUM BLVD, STE 240 | | |
| | | Phoenix, AZ 85050 Number, Street, City, State & ZIP Code | P.O. Box, Num | ber, Street, City, State & ZIP Code |
| | | Maricopa County | Location of properties of busing the contract of busing the contract of the co | incipal assets, if different from principal less |
| | | | Number, Stree | t, City, State & ZIP Code |
| 5. | Debtor's website (URL) | WWW.OXGENHOSPITALITY.COM | | |
| 6. | Type of debtor | Corporation (including Limited Liabili | ty Company (LLC) and Limited Liability | y Partnership (LLP)) |
| | ☐ Partnership (excluding LLP) | | | |

☐ Other. Specify:

| Deb | OAT GENTINGST TITAL | ITY GROUP, INC | | Case number (if known) | | | | |
|-----|-----------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|
| 7. | Name Describe debtor's business | ☐ Health Care Busine | ss (as defined in 11 U.S.C. § 101(27 | ,, | | | | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | | |
| | | <u> </u> | ☐ Railroad (as defined in 11 U.S.C. § 101(44)) | | | | | |
| | | ` | ined in 11 U.S.C. § 101(53A)) | | | | | |
| | | • | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | _ | lefined in 11 U.S.C. § 781(3)) | | | | | |
| | | None of the above | | | | | | |
| | | B. Check all that apply | | | | | | |
| | | ☐ Tax-exempt entity (a | s described in 26 U.S.C. §501) | | | | | |
| | | ☐ Investment compan | y, including hedge fund or pooled in | vestment vehicle (as defined in 15 U.S.C | . §80a-3) | | | |
| | | ☐ Investment advisor | (as defined in 15 U.S.C. §80b-2(a)(| 11)) | | | | |
| | | See http://www.usco | can Industry Classification System) ourts.gov/four-digit-national-associat | 4-digit code that best describes debtor. ion-naics-codes. | | | | |
| | | <u>7011</u> | | | | | | |
| 8. | Under which chapter of the | Check one: | | | | | | |
| | Bankruptcy Code is the debtor filing? | ☐ Chapter 7 | | | | | | |
| | | ☐ Chapter 9 | | | | | | |
| | | ■ Chapter 11. Check | all that apply: | | | | | |
| | | | | t liquidated debts (excluding debts owed t subject to adjustment on 4/01/19 and ever | | | | |
| | | | business debtor, attach the most | btor as defined in 11 U.S.C. § 101(51D). recent balance sheet, statement of operat return or if all of these documents do not B). | tions, cash-flow | | | |
| | | | A plan is being filed with this petit | ion. | | | | |
| | | | Acceptances of the plan were soli accordance with 11 U.S.C. § 1126 | cited prepetition from one or more classe 6(b). | s of creditors, in | | | |
| | | | Exchange Commission according | dic reports (for example, 10K and 10Q) w to § 13 or 15(d) of the Securities Exchan or Non-Individuals Filing for Bankruptcy u n. | ge Act of 1934. File the | | | |
| | | | The debtor is a shell company as | defined in the Securities Exchange Act of | 1934 Rule 12b-2. | | | |
| | | ☐ Chapter 12 | | | | | | |
| 9. | Were prior bankruptcy cases filed by or against | ■ No. | | | | | | |
| | the debtor within the last 8 years? | — 100. | | | | | | |
| | If more than 2 cases, attach a separate list. | a District | When | Case number | | | | |
| | · | District | When | | | | | |
| 10. | Are any bankruptcy cases | ■ No | | | | | | |
| | pending or being filed by a business partner or an affiliate of the debtor? | ☐ Yes. | | | | | | |
| | List all cases. If more than 1, | | | | | | | |

When

Debtor

District

attach a separate list

Relationship

Case number, if known

| Deb | tor OXYGEN HOSPITA | LITY GF | ROUP, INC | Case number (if known |)) | | | |
|-----|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|--|--|
| | Name | | | | | | | |
| 11. | Why is the case filed in | Check all that apply: | | | | | | |
| | this district? | Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. | | | | | | |
| | | □ A | bankruptcy case concerning d | lebtor's affiliate, general partner, or partners | hip is pending in this district. | | | |
| 12. | Does the debtor own or | ■ No | | | | | | |
| | have possession of any real property or personal property that needs | ☐ Yes. | Answer below for each proper | erty that needs immediate attention. Attach | additional sheets if needed. | | | |
| | immediate attention? | | Why does the property nee | ed immediate attention? (Check all that ap | oply.) | | | |
| | | | ☐ It poses or is alleged to p | ose a threat of imminent and identifiable ha | zard to public health or safety. | | | |
| | | | What is the hazard? | | | | | |
| | | | ☐ It needs to be physically s | secured or protected from the weather. | | | | |
| | | | | ods or assets that could quickly deteriorate of meat, dairy, produce, or securities-related | or lose value without attention (for example, assets or other options). | | | |
| | | | ☐ Other | | | | | |
| | | | Where is the property? | | | | | |
| | | | | Number, Street, City, State & ZIP Code | | | | |
| | | | Is the property insured? | | | | | |
| | | | □ No | | | | | |
| | | | ☐ Yes. Insurance agency | | | | | |
| | | | Contact name | | | | | |
| | | | Phone | | | | | |
| | | | | | | | | |
| | Statistical and admin | istrative | information | | | | | |
| 13. | Debtor's estimation of . Check one: | | Check one: | | | | | |
| | available funds | | Funds will be available for d | distribution to unsecured creditors. | | | | |
| | | | ☐ After any administrative exp | penses are paid, no funds will be available to | o unsecured creditors. | | | |
| | | | | | | | | |
| 14. | Estimated number of | 1 -49 | | 1 ,000-5,000 | 1 25,001-50,000 | | | |
| | creditors | □ 50-9 | 9 | 5001-10,000 | 5 0,001-100,000 | | | |
| | | □ 100- | 199 | □ 10,001-25,000 | ☐ More than 100,000 | | | |
| | | □ 200- | 999 | | | | | |
| 15. | Estimated Assets | \$ 0 - | \$50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | | | 001 - \$100,000 | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | |
| | | | 0,001 - \$500,000 | ☐ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | | |
| | | □ \$500 |),001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| 16. | Estimated liabilities | □ \$0 - | \$50,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | | □ \$50 | ,001 - \$100,000 | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | |
| | | \$100 | 0,001 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | | |
| | | □ \$500 |),001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |

| \Box | _ | Li | _ | |
|--------|---|----|---|--|
| | | | | |

OXYGEN HOSPITALITY GROUP, INC

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

November 12, 2019 MM / DD / YYYY

| ~ | 1_1 | | VALADE |
|---|-----|---------|---------------|
| • | 101 | 1144111 | V A I A I I E |
| ^ | 131 | | VALADE |

Signature of authorized representative of debtor

DAVID VALADE

Printed name

Email Address of debtor

CHIEF FINANCIAL OFFICER

18. Signature of attorney

X /s/ D. LAMAR HAWKINS

Signature of attorney for debtor

Date November 12, 2019

MM / DD / YYYY

D. LAMAR HAWKINS

Printed name

Guidant Law. PLC

Firm name

402 E. Southern Ave

Tempe, AZ 85282

Number, Street, City, State & ZIP Code

602-888-9229 Contact phone

cindy@guidant.law Email address

013251 AZ

Bar number and State

| Fill in this information to identify the case: | | | | | | |
|-------------------------------------------------------------|-----------------------|--|--|--|--|--|
| Debtor name OXYGEN HOSPITALITY GROUP, INC | | | | | | |
| United States Bankruptcy Court for the: DISTRICT OF ARIZONA | ☐ Check if this is an | | | | | |
| Case number (if known): | amended filing | | | | | |

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | (for example, trade debts, bank loans, unliquid | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
| | | and government contracts) | · | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| ADVANCED NETWORK SERVICE 3514 N. POWER RD, STE 133 Mesa, AZ 85215 | | BUSINESS DEBT | | | | \$2,930.44 |
| ANDATO ANALYTICAL DATA 14829 N. 54TH PLACE Scottsdale, AZ 85254 | | BUSINESS DEBT | | | | \$4,135.00 |
| Claremont Land Group, LLC 5861 Pine Ave. Ste A-1 Chino Hills, CA 91709 | | BUSINESS DEBT | | | | \$46,999.50 |
| CONCIERGE CONSULTLING, LLC 20860 N. TATUM BLVD, STE 300 Phoenix, AZ 85050 | | BUSINESS DEBT | | | | \$16,120.00 |
| DAVIS MILES, GARDNER 40 E. RIO SALADO PKWAY Tempe, AZ 85281 | | BUSINESS DEBT | | | | \$322.92 |
| FEDEX P.O. BOX 7221 Pasadena, CA 91109 | | BUSINESS DEBT | | | | \$26.18 |
| LIBERTAS LAW GROUP 225 SANTA MONICA BLVD. 5TH FLOOR Santa Monica, CA 90401 | | BUSINESS DEBT | | | | \$23,606.84 |

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 1

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Best Case Bankruptcy

Debtor OXYGEN HOSPITALITY GROUP, INC

Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | tingent, dated, or lf the claim is fully unsecured, fill in only claim is partially secured, fill in total cla | | im amount and deduction for | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|--|
| | | , | · | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
| MARCUM, LLP 750 THIRD AVE, 11TH FLOOR New York, NY 10017 | | BUSINESS DEBT | | | | \$5,150.00 | |
| NEX INDUSTRIES 905- WEST PENDER STREET, STE 402 VANCOUVER, BC, V6C 1L6 | | BUSINESS DEBT | | | | \$93,828.40 | |
| PRINCIPAL LIFE INSURANCE COMPANY P.O. BOX 10372 Des Moines, IA 50306 | | BUSINESS DEBT | | | | \$324.06 | |
| R S MARKETING & ASSOCIATES 24801 N. 84TH ST Scottsdale, AZ 85255 | | BUSINESS DEBT | | | | \$6,600.00 | |
| SIMMONS & GOTTFRIED 8160 E. BUTHERUS, STE 7 Scottsdale, AZ 85260 | | BUSINESS DEBT | | | | \$50,114.00 | |
| STAR SERVICES CORP 7363 E. ADOBE DRIVE, STE 115 Scottsdale, AZ 85255 | | BUSINESS DEBT | | | | \$75.00 | |
| TECHNOLOGYVILL E 2733 N. POWER RD, STE 102-191 Mesa, AZ 85215 | | BUSINESS DEBT | | | | \$3,145.00 | |
| V CORP 25 RBERT PITT DRIVE, STE Monsey, NY 10952 | | BUSINESS DEBT | | | | \$1,678.00 | |
| WEST COAST STOCK TRANSFER 721 N. VULCAN AVE, STE 205 Encinitas, CA 92024 | | BUSINESS DEBT | | | | \$534.85 | |

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 2

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Best Case Bankruptcy

ADVANCED NETWORK SERVICE 3514 N. POWER RD, STE 133 MESA AZ 85215

ANDATO ANALYTICAL DATA 14829 N. 54TH PLACE SCOTTSDALE AZ 85254

CLAREMONT LAND GROUP, LLC 5861 PINE AVE. STE A-1 CHINO HILLS CA 91709

CONCIERGE CONSULTLING, LLC 20860 N. TATUM BLVD, STE 300 PHOENIX AZ 85050

DAVIS MILES, GARDNER 40 E. RIO SALADO PKWAY TEMPE AZ 85281

FEDEX
P.O. BOX 7221
PASADENA CA 91109

LIBERTAS LAW GROUP 225 SANTA MONICA BLVD. 5TH FLOOR SANTA MONICA CA 90401

MARCUM, LLP 750 THIRD AVE, 11TH FLOOR NEW YORK NY 10017

NEX INDUSTRIES 905- WEST PENDER STREET, STE 402 VANCOUVER, BC, V6C 1L6

PRINCIPAL LIFE INSURANCE COMPANY P.O. BOX 10372 DES MOINES IA 50306

R S MARKETING & ASSOCIATES 24801 N. 84TH ST SCOTTSDALE AZ 85255

SIMMONS & GOTTFRIED 8160 E. BUTHERUS, STE 7 SCOTTSDALE AZ 85260

STAR SERVICES CORP 7363 E. ADOBE DRIVE, STE 115 SCOTTSDALE AZ 85255

TECHNOLOGYVILLE 2733 N. POWER RD, STE 102-191 MESA AZ 85215

V CORP 25 RBERT PITT DRIVE, STE MONSEY NY 10952

WEST COAST STOCK TRANSFER 721 N. VULCAN AVE, STE 205 ENCINITAS CA 92024

United States Bankruptcy Court District of Arizona

| In re | OXYGEN HOSPITALITY GROUP, IN | NC | Case No. | |
|-------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| | | Debtor(s) | Chapter | 11 |
| | | | | |
| | | | | |
| | | | | |
| | CORPORA | TE OWNERSHIP STATEMENT | (RULE 7007.1) | |
| recusa the fol | l, the undersigned counsel for OX lowing is a (are) corporation(s), other of any class of the corporation's(s | Procedure 7007.1 and to enable the June of the Hospitality Group, INC in the than the debtor or a governmentary equity interests, or states that there | the above caption that direct | oned action, certifies that ly or indirectly own(s) 10% |
| ■ Non | ne [Check if applicable] | | | |
| Noven | mber 12, 2019 | /s/ D. LAMAR HAWKINS | | |
| Date | | D. LAMAR HAWKINS | | |
| | | Signature of Attorney or Litig | ant | |
| | | Counsel for OXYGEN HOSPI | TALITY GROUP, | NC |
| | | Guidant Law, PLC | | |
| | | 402 E. Southern Ave Tempe, AZ 85282 | | |
| | | 602-888-9229 | | |
| | | cindy@guidant.law | | |
| | | | | |