DO NOT PUBLISH ARIGORPORATION COMMISSION SECTION

Commission

ARTICLE 1

The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.", "L.C.", "LLC" or "LC". If you are the holder or assignee of a tradename or trademark, attach Declaration of Tradename

ARTICLE 2

Holder form.

May be in care of the statutory agent.

ARTICLE 3

The statutory agent must provide a street address. If statutory agent has P.O. Box, then they must also provide a street address/location. The agent must sign the Articles or provide a consent to acceptance of appointment.

The agent must consent to the appointment by executing the consent.

ARTICLES 4

Complete this section only if you desire to select a date or occurrence when the company will dissolve. If perpetual duration is desired, leave this section blank.

JAN 12 2005

ARTICLES OF ORGANIZATION

A.R.S. §29-632

1.	Name. The name of the limited liability company is:
	JADO INVESTMENTS LLC
2.	Known Place of Business. The address of the company's known place of business in Arizona is:
	1321 E NORTHERN
	1321 E NORTHERN PHOENIX, AZ 85020
3.	Statutory Agent. (In Arizona) The name and street address of the statutory agent of the company is:
	SAMIR JADO
	16622 N 36M DR
	PHOENIA, AZ 85053

Jado _, having been designated to act as (Printed Name)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

[If signing on behalf of a company serving as statutory agent, print company name here]

Dissolution. The latest date, if any, on which the limited liability company 4. must dissolve is:

1.12.5 KC

DO NOT PUBLISH THIS SECTION ARTICLE 5 Check which management structure will be applicable to your company. Provide name, title and address for	managers. The names and addres each member who owns a twenty p	y company is vested in a manager or ses of each person who is a manager AND percent or greater interest in the capital or
each person.	profits of the limited liability comp	oany are:
Name:	[] member [] manager	[] member [] manager
Address:		
City, State, Zip:		
Name:	[] member [] manager	[] member [] manager
Address:		
City, State, Zip:		
	Management of the limited liability The names and addresses of each p	y company is reserved to the members. berson who is a member are:
Name:	SAMIR JABO	
	[4] member	[] member
Address: City, State, Zip:	16622 N 36M DR PHOENIX, AZ 85053	
City, State, Zip.	PHOENIX, AZ 85053	
Name:		
Name.	[] member	[] member
Address:		
City, State, Zip:		
The person(s) executing this document need not be manager or member(s) of the company.	EXECUTED this 12th day of J.	anuony , 2005.
die company.	[Sygnature]	[Signature]
Your fax and phone number is optional.	SAMP JADO [Print Name Here]	[Print Name Here]
	PHONE	FAX
LL:0004 Rev. 09/04	See A.R.S. §29-601 et seq. for more info.	

L.1174235-4

CORPORATIONS DIVISION EXPEDITED FILINGS SECTION 1300 WEST WASHINGTON PHOENIX, Arizona 85007-2929

User Id: KATHLEEC

Check Batch:

Invoice No.: 1857719

Invoice Date: 01/11/2005 Date Received: 01/12/2005

Customer No.:

ATTN:

(CASH CUSTOMER)

Quantity Description		Amount
1 ARTICLES		\$50.00
L-1174235-4 JADD INVESTMENTS LLC 1 EXPEDITE		\$35.00
L-1174235-4 JADD INVESTMENTS LLC 2 PLAIN LETTER COPIES		\$1.00
L-1174235-4 JADD INVESTMENTS LLC		
	Total Documents: \$	86.00
PAYMENT CASH		\$86.00
	Balance Due: \$	0.00

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION SUBMISSION COVER SHEET

THIS DOCUMENT SUBJECT TO PUBLIC RECORD - Important: use a separate cover sheet for each document

Regard	ng (Name/proposed name for Corp./LLC):			
	JADO INVESTMENTS LLE L-1174235-4			
A. 1.	heck or Complete the Appropriate Sections: NEW Entity Filing			
3.	Profit/Business Corporation (B) U Nonprofit Corporation (NP) 💆 LLC U Trust U Other			
4.	yment			
5.	ocessing Expedited (Priority service, \$35 Additional Fee Per Document)			
	Type: (Check one only) ticles of Domestication ticles of Incorporation ticles of Organization Type: (Check one only) AECEIVED Articles of Correction Merger of (name): Into: Other: Other: Other:			
C. Sp	ial Instructions:			
	rtified Copies- (Otv. @ \$5 ea. for corps or \$10 ea. for LLCs) od Standing Certificate- (Otv. @ \$10 ea.) Expedite Cortified Copies (\$35 extra)			
	RETURN DELIVERY VIA: Mail or Pick Up or Fax # () The following individual should be called to pick up completed documents:			
<u>Na</u>	e: SAMIR JADO Phone: (602) 628-5236			
Ī	k-up by: Date:			
	e respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - ximately two weeks. In that event, the documents should be mailed to the following address:			
Nai	: SAMIR JADO Firm:			
Ade	ss: 16622 N 36H DP			
City	State, Zip: Phy A2 85053			
*	PAID			

CFCVLR REV 3/04

909018