## az componation commission FILED

1.

3.

I

4.

**DO NOT PUBLISH THIS** SECTION

ARTICLE 1

The company name must contain an ending whice NC may be "limited liability NC 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 Holder form.

÷

ARTICLE 2 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.

MAY 1 2 2005 20171



## ARTICLES OF ORGANIZATION

A.R.S. §29-632

Name. The name of the limited liability company is:

2. Known Place of Business. The address of the company's known place of business in Arizona is:

Statutory Agent. (In Arizona) The name and street address of the statutory agent of the company is:

Acceptance of Appointment By Statutory Agent

\_, 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.

tire of Statenory Agent

[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 must dissolve is:



L1201717-9 DO NOT PUBLISH TIHS 5. Management. SECTION **ARTICLE 5** X Check which management Management of the limited liability company is vested in a manager or structure will be applicable to managers. The names and addresses of each person who is a manager AND your company. Provide each member who owns a twenty percent or greater interest in the capital or name, title and address for cach person. profits of the limited liability company are: Name: member Address: City, State, Zip Name [] member [] manager Address: City, State, Zip: П Management of the limited liability company is reserved to the members. The names and addresses of each person who is a member are: Name [] member [] member Address: City, State, Zip Name. [] member [] member Address: City, State, Zip: The person(s) executing \_ day of \_\_\_\_\_ **EXECUTED** this this document need not be manager or member(s) of the company. nature Your fax and phone Here Print Name number is optional. PHONE 480 980 6 FAX 480 361 650Z LL:0004

See A.R.S. §29-601 et seq. for more info.

LE:0004 Rev. 09/04

	IS DOCUMENT SUBJECT TO PUBLIC RECORD - Import Standing (Name/proposed name for Corp./LLC):	tant: use a <u>separate</u> cover sheet for each document
기8 ২.	<ul> <li>ase Check or Complete the Appropriate Sections:</li> <li>1. NEW Entity Filing CHANGE to Existing Er</li> <li>2. Domestic (from Arizona) Foreign (organized in an</li> <li>3. Profit/Business Corporation (B) Nonprofit (</li> <li>4. Payment Check # Cash Amount:</li> <li>5. Processing Expedited (Priority service, \$35 Additional Check #)</li> </ul>	other state or country) Corporation (NP) XLLC Trust DOther MOD account # Se attached distribution of funds instructions
	Filing Type:       (Check one only)         I Articles of Domestication         I Articles of Incorporation         Articles of Organization         I Application to Transact Business(B)         I Application to Conduct Affairs (NP)         I Application for New Authority         I Application for Registration         I Articles of Amendment         I Articles of Amendment         I Articles of Amendment         I Articles of Amendment	Publication of Articles of Correction Merger of (name): <u>RECEIVED</u> Into: <u>MAY 1 2 2005</u> Other: <u>ARIZONA CORP OOMMISSION</u> CORPORATIONS DIVISION
D.	Extras: D Certified Copies- (Oty. @) \$5 ea. for comptor \$10 ca. for LLCa) D Good Standing Certificate- (Oty. @) \$10 ca.) D Expedite Certified Copies (\$35 extra) D Expedite Good Standing (\$35 extra)	
Ε.	RETURN DELIVERY VIA:       X Mail or I Pick Up or I Fax # ()         The following individual should be called to pick up completed documents:         Nems:       Phone: ()         Pick-up by:       Date:         Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner-approximately two weeks. In that event, the documents should be mailed to the following address:         Name:       ChLis         Mail or J Pick Up or J Fax # ()         Piesse respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner-approximately two weeks. In that event, the documents should be mailed to the following address:         Name:       ChLis       HoIN         Firm:       Buyon Bonin , LLC         Address:       NOTA , LLC         City, State, Zip:       Scottsdale, AZ       SSCSS         The state       The state	
	SVLR 7 3/04	