



01214552

**DO NOT PUBLISH THIS SECTION****ARTICLE 1**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 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.

**AZ CORPORATION COMMISSION** <sup>"EXP"</sup>  
**FILED**

**MAY 16 2005 ARTICLES OF ORGANIZATION**

**FILE NO. L-1202425-4 A.R.S. §29-632**

1. Name. The name of the limited liability company is:

LIBERTY PAVING LLC

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

8855 W. AVENIDA DEL SOL

PEORIA, AZ 85382

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

ROBERT C. ACOSTA, CPA

11333 N. SCOTTSDALE RD., #130

SCOTTSDALE, AZ 85254

**Acceptance of Appointment By Statutory Agent:**

I ROBERT C. ACOSTA, 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.

Signature of Statutory Agent

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

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

DECEMBER 31, 2056

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**\$ PAID**  
85-#9849

**DO NOT PUBLISH THIS  
SECTION  
ARTICLE 5**

Check which management structure will be applicable to your company. Provide name, title and address for each person.

## 5. Management.

☐ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name:	<input type="checkbox"/> member <input type="checkbox"/> manager	<input type="checkbox"/> member <input type="checkbox"/> manager
Address:		
City, State, Zip:		

Name:	<input type="checkbox"/> member <input type="checkbox"/> manager	<input type="checkbox"/> member <input type="checkbox"/> manager
Address:		
City, State, Zip:		

☒ Management of the limited liability company is reserved to the members.  
The names and addresses of each person who is a member are:

Name:	<u>RAY GLORIA JR.</u>	<u>ANNA GLORIA</u>
	[X] member	[X] member
Address:	<u>8855 W. AVENIDA DEL SOL</u>	<u>8855 W. AVENIDA DEL SOL</u>
City, State, Zip:	PEORIA, AZ 85382	PEORIA, AZ 85382

Name:	<input type="checkbox"/> member	<input type="checkbox"/> member
Address:		
City, State, Zip:		

The person(s) executing this document need not be manager or member(s) of the company.

EXECUTED this 31<sup>st</sup> day of MARCH, 2005.

Ratof Och  
[Signature]

x Ana Sliney  
[Signature]

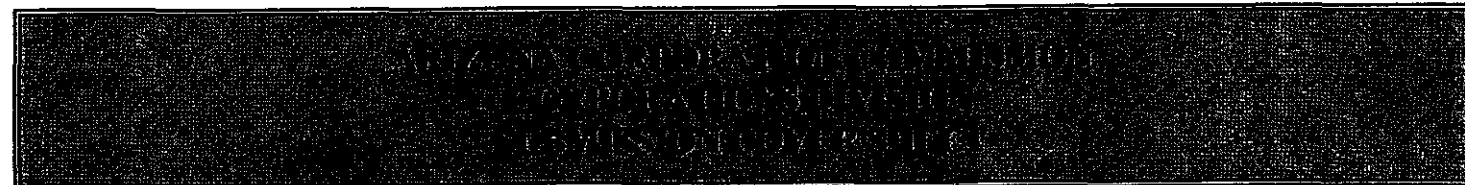
**Your fax and phone  
number is optional.**

RAY GLORIA JR.  
[Print Name Here]

ANNA GLORIA  
[Print Name Here]

~~PHONE 623-566-1469~~

FAX \_\_\_\_\_



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

Regarding (Name/proposed name for Corp./LLC):

LIBERTY PAVING LLC

Please Check or Complete the Appropriate Sections:

A. 1. ☒ NEW Entity Filing ☐ CHANGE to Existing Entity ☐ Resubmission/Corrected Document

2. ☒ Domestic (from Arizona) ☐ Foreign (organized in another state or country)

3. ☐ Profit/Business Corporation (B) ☐ Nonprofit Corporation (NP) ☒ LLC ☐ Trust ☐ Other

4. Payment ☐ Check # \_\_\_\_\_ ☐ Cash ☐ MOD account # \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ ☐ No fee required ☐ See attached distribution of funds instructions

5. Processing ☒ Expedited (Priority service, \$35 Additional Fee Per Document)  
☐ Regular (usually 2-4 months)

B. Filing Type: (Check one only)

- ☐ Articles of Domestication  
☐ Articles of Incorporation  
☒ Articles of Organization  
☐ Application to Transact Business(B)  
☐ Application to Conduct Affairs (NP)  
☐ Application for New Authority  
☐ Application for Registration  
☐ Articles of Amendment  
☐ Articles of Amendment & Restatement

- ☐ Publication of \_\_\_\_\_  
☐ Articles of Correction  
☐ Merger of (name): \_\_\_\_\_

RECEIVED  
MAY 16 2005

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Into: \_\_\_\_\_  
Other: \_\_\_\_\_

C. Special Instructions: \_\_\_\_\_

D. Extras:

- ☐ Certified Copies- \_\_\_\_\_ (Qty. @ \$5 ea. for corps or \$10 ea. for LLCs)  
☐ Good Standing Certificate- \_\_\_\_\_ (Qty. @ \$10 ea.)

- ☐ Expedite Certified Copies (\$35 extra)  
☐ Expedite Good Standing (\$35 extra)

E. RETURN DELIVERY VIA: ☐ Mail or ☐ Pick Up or ☒ Fax # ( 480 ) 951-2541

The following individual should be called to pick up completed documents:

Name: ROBERT C. ACOSTA, CPA

Phone: ( 480 ) 951-5080

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: ROBERT C. ACOSTA, CPA

Firm:

Address: 11333 N. SCOTTSDALE RD., #130

City, State, Zip: SCOTTSDALE, AZ 85254