DO NOT PUBLISH THIS **SECTION**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 appoirtment.

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 Corp. Commission
01530179

AZ CORPORATION COMMISSION

ARTICLES OF ORGANIZATION

FIL	ENO. L - 1276 211-0 A.R.S. §29-632			
1.	Name. The name of the limited liability company is:			
	JMG Development, LLC			
2.				
	2248 W. White Spar Rd.			
	New River, Az 85087			
3.	Statutory Agent. (In Arizona) The name and street address of the statutory agent of the company is:			
	Lotte Julia Grenier			
	2248 W. White Spar Rd.			
	New River, AZ 85087			
Acceptance of Appointment By Statutory Agent				
T	Julia Gregies 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.

f Statutory Agent Signature of

[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:

DO NOT PUBLISH THIS	5. Management.	L-1276211-0	
SECTION ARTICLE 5 Check which management structure will be applicable to your company. Provide name, title and address for each person.	Management of the limited liability company is vested in a manager or		
Name	[] member [] manager	[] member [] manager	
Address: City, State, Zip			
Name:	[] member [] manager	[] member [] manager	
Address: City, State, Zip:			
Name: Address: City, State, Zip:	The names and addresses of each Lucien Grenier, Jr. Minember 2248 W. White Spar		
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 5th day of 1	[Signature]	
Your fax and phone number is optional.	Julia Grenier [Print Name Here]	[Print Name Here]	
LL:0004 Rev. 09/05	PHONE (623) 550 - 0268 See A.R.S. §29-601 et seq. for more info.	FAX(623)551-2167	