

DO NOT PUBLISH AT GORPORATION COMMISSION SECTION

ARTICLE I

The company name must contain an ending which may be "limited liabilitie NO. 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.

AUG 1 4 2006		
12-1305103	ARTICLES OF	ORGANIZATION

A.R.S. §29-63	32
1. Name. The name of the limited liability con	•
2. Known Place of Business. The address of the business in Arizona is: (6187 W. HILTON AVE. GOODYEAR AZ 85338	•
3. Statutory Agent. (In Arizona) The name and agent of the company is: GRACIELA S. ISLAS (6187 W. HILTON AVE. Gentyffar Az 86338	•
Acceptance of Appointment By Statutory Agent	:
I GRACIBLA S SLAS, have (Printed Name) Statutory Agent, hereby consent to act in that capac submitted in accordance with the Arizona Revised Signature of Statutory Agent	city until removed or resignation is
[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:

		e ,

DO NOT PUBLISH THIS SECTION	5. <u>Management</u> .	1-1305103-7
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 managers. The names and addresse each member who owns a twenty per profits of the limited liability compared	es of each person who is a manager AND excent or greater interest in the capital or
Name:	[] member [] manager	[] member [] manager
Address:		
City, State, Zip:		
Name:	[] member [] manager	[] member [] manager
Address:		
City, State, Zip:		
Name: Address:	Management of the limited liability The names and addresses of each pe GRACIELA S. ISLAS member 16187 W. HILTON AVE	TESUS A. 1545 Mmember
City, State, Zip:		[6187 W. HILTON AVE
Name:	V120 4134K 14 L. 85 338	(mayear A2. 85338)
Address:	[] memoer	() mentoer
City, State, Zip:		
The person(s) executing this document need not be manager or member(s) of the company.	EXECUTED this 1/1 day of 1/2 way	Signature]
Your fax and phone number is optional.	[Print Name Here]	ESUS A. ISLAS [Print Name Here]

LL:0004 Rev. 09/05 PHONE 623 932 0464

FAX_

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION SUBMISSION COVER SHEET

•	ortant: <u>USE A SEPARATE COVER</u> sheet for each document you filing: New Entity Chan		isting Entity		Re submission	on/Correctio	on
	ase Select AND Complete all the Appropriate Sections parding (Name/Proposed name for Corp/LLC):	s 1 thro	ugh 10:				
 1.	Type in Name: J. G. & C. /NV	<u> ES T</u>	MENT	PROD	PERTIES	44	C .,
2.	Filing Type: (Select Only One) Articles of Domestication	5	as poss <u>www.</u> Regular Vie	35.00) (P Document Ible. View of azcc.gov/ ew current azcc.gov type:	riority service, Act Completed as securrent processing times /corp	oon g times at at	
3.	Extras: Certified Copies () (Qty @ \$5 each for Corps Certified Copies () (Qty @ \$10 each for LLC's Good Standing Certificate () (Qty @ \$10 ea.) Expedite Good Standing (\$35.00 extra) Expedite Certified Copies (\$35.00 extra)	6.	No fee require See attached of instructions Total Payment Ty	distributio	on of funds AUG	CEIVEL 1 4 2006 PORP COMMI ATIONS DIVIS	18810:
7.	Other Special Instructions: Rease mail	baa 85	k the . Accoun	Appra	LLC	ticles.	-
8.	SELECT ONE RETURN DELIVERY OPTION : Mail Pick Up Fax #				•		
9.	The following individual should be called to pick up	complet	ed documents:				
	Pick-up by: (FOR ACC USE ONLY, Do not fill in this box)		<u>Date:</u>				
10.	Name/Service Co. Please respond promptly to phone messages. Do manner - approximately two weeks. In that event,	cument	one: s will be mailed uments should	if they ar	re not picked u d to the follow	ip in a timel ing address	у s:
	Firm Name: YOGEN JAIN Address: H & S ACCOUNTING, LLC 506 E. CAMELBACK RD. PHOENIX, AZ 85012	<u>At</u>	tn:	YOSE 7: 60	N JA1.	N 5-962	2