60294:

## AZ CORPORATION COMMISSION

DO NOT PUBLISH THIS SECTION

FILED

ARTICLE 1

MAY 25 2006

L1287170.

The company name must contain an ending which may be "limited the limited 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 May be in care of the statutory agent.

Holder form.

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.

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

ARTICLES OF ORGANIZATION

A.R.S. §29-632

1. <u>Name</u>. The name of the limited liability company is:

Stemm Enterprises, LLC

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

653 W. Central Ave.

Coolidge AZ 85228

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

Travis Stemm

653 W. Central Ave.

Coolidge AZ 85228

Acceptance of Appointment By Statutory Agent

Travis Stemm

\_\_, 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]

DO NOT PUBLISH THIS SECTION	5. <u>Management</u> .		L1287770.1
ARTICLE 5 Check which management structure will be applicable to your company. Provide name, title and address for each person.	managers. The names and a	ddresse enty pe	company is vested in a manager or es of each person who is a manager AND ercent or greater interest in the capital or any are:
Name:	Travis Stemm		
	[] member [/] manager 653 W. Central Ave.		[] member [] manager
Address:		-	
City, State, Zip:	Coolidge AZ 85228	•	
Name:	[] member [] manager		[] member [] manager
Address: City, State, Zip:		•	
		bility (	company is reserved to the members. rson who is a member are:
Name:	[] member		[] member
Address: City, State, Zip:			
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 25th day of	May	
	[Signature]		[Signature]
:	Travis Stemm		fa.Oamal
Your fax and phone number is optional.	[Print Name Here]		[Print Name Here]
	PHONE 480-201-7795		FAX
LL:0004 Rev. 09/04	See A.R.S. §29-601 et seq. for more info.		