

DO NOT PUBLISH THIS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.

AZ CORPORATION COMMISSION
FILED

DEC 12 2008

ARTICLES OF ORGANIZATION

A.R.S. §29-632

FILE NO.

L-1330500-0

ARTICLE 2

May be in care of the statutory agent.

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

Omni BEADS, LLC

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

7171 E. CAVE CREEK SUITE 'P'
CAREFREE, AZ 85377

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

JERRY CHESLER
7171 E. CAVE CREEK SUITE 'P'
CAREFREE, AZ 85377

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.

Acceptance of Appointment By Statutory Agent

I JERRY CHESLER, 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.

The agent must consent to the appointment by executing the consent.


Signature of Statutory Agent

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

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.

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

JANUARY 1, 2020

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ARTICLE 5

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

5. Management.

L-1330500-0

☒ 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:

R. SCOTT NEWKIRK

☒ member ☒ manager

☐ member ☐ manager

Address:

10529 W. PLEASANT VALLEY RD

City, State, Zip:

SUN CITY, AZ 85351

Name:

☐ member ☐ manager

☐ member ☐ 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:

☐ member

☐ member

Address:

City, State, Zip:

Name:

☐ member

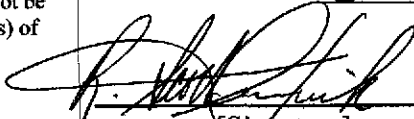
☐ member

Address:

City, State, Zip:

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

EXECUTED this 5th day of DECEMBER, 2006.



[Signature]

[Signature]

Your fax and phone
number is optional.

R. SCOTT NEWKIRK

[Print Name Here]

[Print Name Here]

PHONE 480-244-7268

FAX 623-518-6906

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET**

Important: USE A SEPARATE COVER sheet for each document.

Please Select AND Complete all the Appropriate Sections 1 through 10:

Regarding (Name/Proposed name for Corp/LLC):

1. Type In Name: OmniBeads, LLC

2. Filing Type: (Select Only One)

- ☐ Articles of Domestication \$100.00
☐ Articles of Incorporation (P)..... \$ 60.00
☐ Articles of Incorporation (NP)..... \$ 40.00
☒ Articles of Organization..... \$ 50.00
☐ Application to Transact Business (B)..... \$175.00
☐ Application to Conduct Affairs (NP)..... \$175.00
☐ Application for New Authority..... \$175.00
☐ Application for Registration..... \$150.00
☐ Articles of Amendment \$ 25.00
☐ Articles of Amendment & Restatement \$ 25.00
☐ Articles of Correction..... \$ 25.00
☐ Articles of Merger/Share Exchange \$100.00
☐ Affidavit of Publication No Fee
☐ Other: _____

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 extra)
☐ Expedite Certified Copies (\$35 extra)

7. Other Special Instructions: _____

8. SELECT ONE RETURN DELIVERY OPTION:

- ☐ Mail ☒ Pick Up ☐ Fax # () _____

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

Name/Service Co. SCOTT NEWKIRK Phone: (480) 244-7268

Pick-up by: _____

(FOR ACC USE ONLY. Do not fill in this box)

Date: _____

10. 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:

Firm Name: OMNI BEADS Attn: SCOTT NEWKIRK
Address: 10529 W. PLEASANT VALLEY Rd
City, State, Zip: SUN CITY AZ 85351