

AZ CORPORATION COMMISSION
FILED

SEP 25 2007

Articles of Organization
for a Limited Liability Company

FILE NO L1396609.0

GAGNON ENTERPRISES, LLC

AZ Corp. Commission
02132644

NUMBER ONE

The limited liability corporation is: GAGNON ENTERPRISES, LLC

NUMBER TWO

REGISTERED OFFICE AND AGENT


The street address of the initial registered office in Arizona is, 10951 N. 91ST AVE,
APT 187, PEORIA, AZ 85345, in Maricopa County.

NUMBER THREE:

Statutory Agent (In Arizona) The name and address of the statutory agent of the company
is ROBERT M. GAGNON, 10951 N. 91ST AVE., APT 187, PEORIA, AZ 85345.

Acceptance of Appointment By Statutory Agent

I, Robert M. Gagnon, having been designated to act as 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

NUMBER FOUR

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

**NUMBER FIVE:
MANAGEMENT:**

L1396609-D

(xx) 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:

ROBERT M. GAGNON, 10951 N. 91ST AVE., APT 187, PEORIA, AZ 85345

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

None



ROBERT M. GAGNON

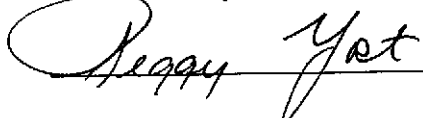
Executed by the undersigned at PHOENIX, AZ, on September 24, 2007

STATE OF ARIZONA

COUNTY OF MARICOPA

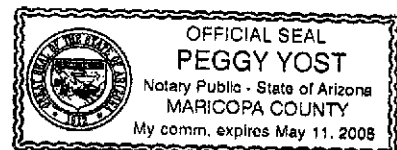
BEFORE ME, the undersigned authority, on this 24th day of September 2007
Personally appeared before me and well known to be the person described in and who
Signed the Foregoing, and acknowledged to me that she, he executed the same freely and
voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.



NOTARY PUBLIC

My Commission Expires: MAY 11, 2008



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

Important: USE A SEPARATE COVER sheet for each document.

ARE YOU FILING: ☒ New Entity ☐ Change to existing Entity ☐ Re submission/Correction

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

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

1. Type in Name: Gaaron Enterprises LLC

2. Filing Type: (Select Only One)

- | | |
|---|----------|
| <input type="checkbox"/> Articles of Domestication | \$100.00 |
| <input type="checkbox"/> Articles of Incorporation (P) | \$ 60.00 |
| <input type="checkbox"/> Articles of Incorporation (NP) | \$ 40.00 |
| <input checked="" type="checkbox"/> Articles of Organization | \$ 50.00 |
| <input type="checkbox"/> Application For Authority (Business) | \$175.00 |
| <input type="checkbox"/> Application to Conduct Affairs (NP) | \$175.00 |
| <input type="checkbox"/> Application for New Authority | \$175.00 |
| <input type="checkbox"/> Application for Registration | \$150.00 |
| <input type="checkbox"/> Articles of Amendment | \$ 25.00 |
| <input type="checkbox"/> Articles of Amendment & Restatement | \$ 25.00 |
| <input type="checkbox"/> Articles of Correction | \$ 25.00 |
| <input type="checkbox"/> Articles of Merger/Share Exchange | \$100.00 |
| <input type="checkbox"/> Articles of Merger LLC | \$ 50.00 |
| <input type="checkbox"/> Affidavit of Publication | No Fee |
| <input type="checkbox"/> Other: | |

3. Extras:

- | | |
|--|--|
| <input type="checkbox"/> Certified Copies () (Qty @ \$5 each for Corps | |
| <input type="checkbox"/> Certified Copies () (Qty @ \$10 each for LLC=s | |
| <input type="checkbox"/> Good Standing Certificate () (Qty @ \$10 ea.) | |
| <input type="checkbox"/> Expedite Good Standing (\$35.00 extra) | |
| <input type="checkbox"/> Expedite Certified Copies (\$35.00 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/Preparer: Peggy Yost / Julie Marin Phone: (602) 765-4574

Preparer License # _____
(If applicable)

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: CYA TAX SERVICES Attn: Peggy Yost

Address: 10210 N. 32nd St #204

City, State, Zip: Phoenix Arizona 85028

Pick-up by: _____

Date: _____

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