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**AZ CORPORATION COMMISSION
FILED**

JUL 25 2008

FILE NO. L-146661 916-2

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

Select one. This form may be used for:

**ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)****ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)**
1. The name of the organization:
A.

LLC Name Reservation File Number (if one has been obtained). If not, leave this line blank

B.

Double J Consulting LLC

Limited Liability Company Name

2. Known place of business in Arizona (If address is the same as the street address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)
Address 283 W. Palma DriveCity Green ValleyState ArizonaZip 85614
3. The name and street address of the statutory agent in Arizona
Name Judith JohnstonAddress 283 W. Palma DriveCity Green ValleyState ArizonaZip 85614
Acceptance of Appointment by Statutory Agent:

 I Judith Johnston, having been designated to act as
 (Print Name of the Statutory Agent)

 Statutory Agent, hereby consent to act in that capacity until removed or resignation
 is submitted in accordance with the Arizona Revised Statute.
Agent Signature: Judith Johnston
Double J Consulting LLC
 If signing on behalf of a company, please print the company name here.

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THIS SECTION**

NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional service. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC."

2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent must sign the articles or provide written consent to acceptance of the appointment.

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THIS SECTION**

4. Only required for professional limited liability company. The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

5. The latest date, if any, on which the Company must dissolve. If a dissolution date should include the month, day and year. **Perpetual** means continuing forever or indefinitely

6. Check which management structure, if more than one, is applicable to your company. Provide name, title and address for each person.

6A. If reserved to the member(s), check the member's box and provide the name(s) and address(es) of each member. **NOTE:** if reserved to the member(s) you cannot list any manager.

6B. If vested in manager(s) check the manager's box and provide the name(s) and address(es) of each manager and each member who owns a twenty (20%) percent or greater interest in the capital or profits of the LLC/ PLLC.

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

Your phone and fax are optional.

4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)

General Business Consulting

5. Dissolution: The latest date of Dissolution

- ☐ The latest date to dissolve ___/___/___ (Please enter month, day and four digit year)
☒ The Limited Liability Company is Perpetual

6. Management Structure: (Check one box only) A.R.S. §29-632(5)

A. ☒ **RESERVED TO THE MEMBER(S)**

IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

B. ☐ **VESTED IN MANAGER(S)**

IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name Judith Johnston

Name _____

☒ Member ☐ Manager (only if "B" is selected above)

☐ Member ☐ Manager (only if "B" is selected above)

Address: 283 W. Palma Drive

Address: _____

City, Green Valley State, AZ Zip: 85614

City, _____ State, _____ Zip: _____

Name _____

Name _____

☐ Member ☐ Manager (only if "B" is selected above)

☐ Member ☐ Manager (only if "B" is selected above)

Address: _____

Address: _____

City, _____ State, _____ Zip: _____

City, _____ State, _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

Executed this 24th day of July, 2008

Executed by: D. Sjostrom Print Name Dan Sjostrom

Financial Advisory Center, LLC

If signing on behalf of a company, please print the company name here.

Phone Number: (480) 299-8221

Fax Number: (480) 759-8375