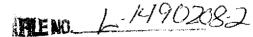
AZ CORPORATION SUMMISSITY FILED

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DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

	ACTION OF OTTO ACTION			
DO NOT PUBLISH THIS SECTION NOTE: A professional limited liability	Select one. This form may be used for: ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)			
company is an LLC organized for the purpose of rendering	ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01) are categories of rendering or more categories of sessional service. Sessional service is led as a service may be lawfully ered only by a on licensed in this to render the ince			
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.				
The LLC name must contain the words "limited liability company or "limited	B. Branch Management Tree Service LLC Limited Liability Company Name			
company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the	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)			
words "professional limited liability company or the	Address Same as Statutory Agent			
abbreviations "P.L.C.", "P.L.C.", "PLLC", or "PLC."	City State Zip			
2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK	Iress. DO NOT 3. The name and street address of the statutory agent in Arizona			
3. If the statutory	Name David O. Schnidt			
agent has a PO BOX then they must also provide a physical	Address 7950 & Steet light way living 128			
address or description of the location.	City Scort Date State AZ Zip 65 250			
The agent must sign the articles or provide written consent to acceptance of the appointment.	Acceptance of Appointment by Statutory Agent: Paragraphic of the paying been designated to act as			
	If signing on behalf of a company, please print the company name here.			

LL:0004 Rev: 09/2008

DO NOT PUBLISH THIS SECTION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 will be 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.

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

Tree Maintainage Services			
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)			
B. VESTED IN MANAGER(S) IF VESTED IN THE MANAGER(S), AT LEAST ONE EN Name Devid O. Shmidt	CT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED. TRY BELOW MUST HAVE THE MANAGER BOX CHECKED. Name Member Manager (only if "B" is selected above)		
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 18 day of November , 2008 Executed by Anagement Tree Service LLC If signing on behalf of a company, please print the company dame here.			
Phone Number: 602-518-4270 Fax Number: 480-970-1315			