DEC 232008 FILE NO. L-1495953-4

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

DO NOT WRITE?	ARTICLES OF ORGANIZATION
DO NOT PUBLISH THIS SECTION NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional service.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	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:
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	A. LLC Name Reservation File Number (If one has been obtained). If not, leave this line blank B. WILLY PROPERTY HOLDINGS, LLC Limited Liability Company Name
company or "limited 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 abbreviations "P.L.L.C.", "P.L.C.", "PŁLC", or "PLC."	Address 1688 EAST CANYON WAY City CHANDLER State ARIZONA Zip 85249
2. Must be an Arizona address. DO NOT LEAVE THIS SECTION	3. The name and street address of the statutory agent in Arizona
BLANK 3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.	Name RICKY L. INILEY Address 1488 EAST CANYON WAY City CHANDLER State ARIZONA Zip 85249
The agent <u>must</u> sign the articles or provide written consent to acceptance of the appointment.	Acceptance of Appointment by Statutory Agent: LICKY L. WILEY, 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:
	If signing on behalf of a company, please print the company name here.

DO NOT PUBLISH THIS SECTION 4.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) APPLICABLE 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) 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 RICKY L. WILEY Name Member Manager (only if "B" is selected above) Member Manager (only if "B" is selected above) Address: 1688 EAST CANYON LOAY Address: City, CHANDLER State, AZ Zip: 85249 City, ____State, ____Zip: ____ Name ☐ Member ☐ Manager (only if "B" is selected above) Member Manager (only if "B" is selected above) Address:____ Address: ____ 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 20th day of DECEMBER

Executed by: <u>Ricky J. Niley</u> Print Name <u>RICKY L. WILEY</u>

WILEY PROPERTY HOLDINGS, LLC

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

Phone Number: (480)825-4041 Fax Number: (480)825-4041