



SEP 04 2009

FILE NO L-1550327-5

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

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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 "LLC", "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.

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. Pospisal & Scrivner 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 8512 N Crosswater Loop
City Tucson State AZ Zip 85743

3. The name and street address of the statutory agent in Arizona

Name Carla Pospisal
Address 8512 N. Crosswater Loop
City Tucson State AZ Zip 85743

Acceptance of Appointment by Statutory Agent:

I Carla Pospisal, 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: Carla Pospisal

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

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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)

mystery apt. shops

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 Carla Pospisal

Name Jennifer Scrivner

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

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

Address: 8512 N Crosswater Loop

Address: 6700 Natalie Ave. NE

City, Tucson State, AZ Zip: 85743

City, Albuquerque State, NM Zip: 87110

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 4th day of September, 2009

Executed by: Carla E. Pospisal Print Name Carla E. Pospisal

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

Phone Number: 520-742-7842 Fax Number: 520-742-7859
390-5946