



02996170

AZ CORPORATION COMMISSION FILED

DEC 18 2009

FILE NO. L-15716470

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

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DO NOT PUBLISH THIS SECTION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 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.L.C.", "LLC", or "L.C.". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "P.L.L.C.", or "P.L.C."

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. §29-341.01)

1. The name of the organization:

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

B. Irie Zang Enterprise
 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 1102 E. Bishop Dr.
 City Tempe State AZ Zip 85282

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

Name RED ROCK CORPORATE SOLUTIONS, LLC
 Address 1425 S HIGLEY RD STE 104
 City GILBERT State AZ Zip 85296

Acceptance of Appointment by Statutory Agent:

I LLOYD J. NELSON 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: [Signature]

RED ROCK CORPORATE SOLUTIONS, LLC

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DO NOT PUBLISH THIS SECTION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 authorized 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.

Do person(s) preparing 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)

Any legal business purpose

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. §29-532(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 Nicholas M. Martin

Name _____

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

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

Address 1102 E. Bishop Dr.

Address: _____

City Tempe State AZ Zip 85282

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 14th day of December, 2009

Executed by: President

Print Name Nicholas M. Martin

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

Phone Number 480-862-3580

Fax Number 602-513-7201

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

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

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type In Corp/LLC Name: Iriezona Enterprise, LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input checked="" type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input checked="" type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

<input checked="" type="checkbox"/> Check	Check # <u>1309</u>	Check Amount \$ <u>85.00</u>
<input type="checkbox"/> M.O.D. Account	MOD Acct # _____	Mod Amount \$ _____
<input type="checkbox"/> Cash		Cash Amount \$ _____
<input type="checkbox"/> Credit Card -- for In-person filings only		CC Amount \$ _____
<input type="checkbox"/> No fee required		

SELECT ONE RETURN DELIVERY OPTION: ☐ **Mail** ☐ **Pick Up** ☒ **Fax #** (702) 818-8654

REQUIRED: Please list the person or company who will be picking up the completed documents.

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

PICK-UP BY: _____

FOR ARIZONA CORPORATION COMMISSION USE ONLY

DATE: _____

View current process times at: www.azcc.gov/Divisions/Corporations

