AZ CORPORATION COMMISSION FILED

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AZ Corp. Commission 03025409

FILE NO. L. 1581177.6

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

	ARTIOLES OF SROAMLEATION			
DO NOT PUBLISH THIS SECTION NOTE: A professional	Select one. This form may be used for: ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)			
mited liability company is an LLC	ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)			
organized for the ourpose of rendering one or more categories of professional service.	1. The name of the organization:			
Professional service is lefined as a service hat may be lawfully endered only by a	A			
erson licensed in this tate to render the ervice.	B. Harizona Properties LLC Limited Liability Company Name			
. The LLC name must ontain the words limited liability ompany or "limited	ain the words ed liability pany or "limited 2. Known place of business in Arizona (If address is the same as the street address of the statutory			
ompany" or the bbreviations "L.L.C.", L.C.", "LLC", or "LC".	agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)			
he Professional LLC ame must contain the yords "professional	Address 6608 E Raftriver St.			
mited liability ompany or the bbreviations P.L.L.C.", "P.L.C.",	city Mesa State AZ Zip 85215			
PLLC", or "PLC." . Must be an Arizona	3. The name and street address of the statutory agent in Arizona			
ddress. DO NOT EAVE THIS SECTION ILANK	Name Luke Rosenberg			
i. If the statutory	Address 6608 E Ruftriver St			
nen they must also provide a physical address or description of the location.	City Mesa State AZ Zip 85215			
The agent <u>must</u> sign ne articles or provide written consent to cceptance of the ppointment.	Acceptance of Appointment by Statutory Agent: Luke Rosensent to note of the Continuous of the Statutory Agent			
ррошинети.	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.			

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DO NOT PUBLISH THIS SECTION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.

Address: 6608 E. Ratirvar St. Address:	4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)			
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) FRESERVED TO THE MEMBER SOX FOR EACH MEMBER LISTED. MANAGER(S) FRESERVED TO THE MEMBER SOX FOR EACH MEMBER LISTED. Manager (only if "B" is selected above) Address: City, Must State, AZ Zip: SZIS City, State, Zip: Manager (only if "B" is selected above. Address: 1300 Bury State Manager (only if "B" is selected above. Address: 1300 Bury State Manager (only if "B" is selected above. Address: 1300 Bury State Manager (only if "B" is selected above. Address: 1300 Bury State Manager (only if "B" is selected above. The You need More space For List No Midwers? Managers Please Attach the Additional Page to the Atticles of Organization. Executed this State Aday of February 2010 Executed by: Manager Please Attach the Additional Page to the Atticles of Organization.				
6. Management Structure: (Check one box only) A.R.S. §29-632(5) A. RESERVED TO THE MEMBER(S) FRESERVED TO THE MEMBER(S) FRESERVED TO THE MEMBER(S) FRESERVED TO THE MEMBER(S) FRESERVED IN THE MEMBER(S) FRESERVED IN MANAGER(S) FRESERVED IN MANAGER(S) FRESERVED IN MANAGER(S) FRESERVED TO THE MEMBER(S) FRESERVED TO THE MEMBER (S) FRESERVED TO THE MEMBER (S) FRESERVED TO THE MEMBER LISTED. Name Member Manager (only if "B" is selected above) Address: City, Member Manager (only if "B" is selected above) Address: The Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: From Member Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: From Member Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City, Music D State, Manager (only if "B" is selected above) Address: City Manager (only if "B" is selected above) Address: City Manager (only if "B" is selected above) Address: City Manager (only if "B" is selected above) Address: City Manager (only if "B" is selected above) Address: City Manager (only if "B" is selected above) Address: City Manager (only if "B" is selected above) Address: City Manager (only if "B" is	5. Dissolution: The latest date of Dissolution			
A. RESERVED TO THE MEMBER(S) F RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED. B. VESTED IN MANAGER(S) IF VESTED IN MANAGER(S) IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED. Name Luke Rosenberg Name Member Manager (only if "B" is selected above) Address: 6608 E. Ratriver St Address: City, Mexa State, AZ zip: 85215 City, State, Zip: Name Member Manager (only if "B" is selected above) Member Manager (only if "B" is selected above) Member Manager (only if "B" is selected above) Address: 180 Bury St Address: City, Ruislo State, Make Zip: HATTO City, State, Zip: If you need more space for Listing Nembers? Managers Please attrach the additional page to the articles of organization. Executed this 1st day of February 2010 Executed by: Print Name Luke Rosenbarg				
B. VESTED IN MANAGER(S) IF VESTED IN THE MANAGER(S) IF VESTED IN THE MANAGER(S) IF VESTED IN THE MANAGER(S). AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED. Name	6. Management Structure: (Check one box only) A.R.S. §29-632(5)			
Address: 6608 E. Raftriar St. Address:	B. VESTED IN MANAGER(S) IF VESTED IN MANAGER(S) IF VESTED IN THE MANAGER(S), AT LEAST ONE EN Name Luke Rosenberg	OT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED. TRY BELOW MUST HAVE THE MANAGER BOX CHECKED.		
Name Tim Hughes Member Manager (only if "B" is selected above) Member Manager (only if "B" is selected above)	Address: 6608 E. Rattrian St	Member Manager (only if "B" is selected above) Address:		
Member Manager (only if "B" is selected above) Address:				
City, Ruisio State, Middx Zip: HA77TJ City, State, Zip:	Member Manager (only if "B" is selected above)	☐ Member ☐ Manager (only if "B" is selected above)		
Executed by: My Print Name Luke Rosenbary	City, Ruishp State, Middx Zip: HAT 7TJ United Kingdom	City,State,Zip:		
If signing on behalf of a company, please print the company name here.	11 // 1			
Phone Number: 470 235 Clov Fax Number: 480 393 1787				

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