



AZ CORPORATION COMMISSION
FILED

MAY 13 2011

MAR 25 2011

FILE NO. L-1671709-2

FILE NO. L-1671709-2

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DO NOT PUBLISH THIS SECTION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 "L.L.C.", "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. Grossman Insurance Agency, 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 6061 E. Cave Creek Rd. Ste 2
City Cave Creek State AZ Zip 85331

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

Name Mark G. Grossman
Address 6061 E. Cave Creek Rd., Ste 2
City Cave Creek State AZ Zip 85331

Acceptance of Appointment by Statutory Agent:

I Mark G. Grossman, 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: Mark G. Grossman

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

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.

68. 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.

Insurance Sales

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 MEMBERS, 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 Glenn R. Grossman

Name Tracy S. Grossman

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

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

Address: PO Box 2800-190

Address: PO Box 2800-190

City, Caroline State, Az Zip: 85377

City, Carefree State, AZ Zip: 85377

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 13th day of March, _____

Executed by: Tracey Grossman Print Name Tracey S Grossman

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

Phone Number: 602 577 8060 Fax Number: 800-374-5105