AZ CORPORATION COMMISSION
FILED

AUG 3 0 2011

FILE NO. L-17039340

AZ CORPORATION COMMISSION
FILED

SEP 0 1 2011

FILE NO. L-1703934-0

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DO NOT PUBLISH THIS SECTION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. §29-641.01)

1. The name of the organization:

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

B. JDTSY Investments, 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 937 E. Knoll St

City Mesa State AZ Zip 85203

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

Name Joey David Tickle

Address 737 E. Knoll ST.

City Mesa State AZ Zip 85203

Acceptance of Appointment by Statutory Agent:

I Joey David Tickle, 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: Joey David Tickle

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DO NOT PUBLISH THIS SECTION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 be prior to 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)

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 Joey David Tickle
☐ Member ☒ Manager (only if "B" is selected above)
Address: 937 E. Knoll St
City, Mesa State, AZ Zip: 85203

Name SUNWEST TRUST FBO JOEY DAVID TICKLE
☒ Member ☐ Manager (only if "B" is selected above)
Address: P.O. BOX 36371
City, ALBUQUERQUE State, NM Zip: 87176

Name _____
☐ Member ☐ Manager (only if "B" is selected above)
Address: _____
City, _____ State, _____ Zip: _____

Name _____
☐ Member ☐ Manager (only if "B" is selected above)
Address: _____
City, _____ State, _____ Zip: _____

IF YOU NEED ADDITIONAL SPACE FOR LISTING MANAGERS / MANAGERS PURSUANT HYMAN THE ARTICLES OF ORGANIZATION, ATTACH TO THE ARTICLES OF ORGANIZATION.

Executed this 20 day of August, 2011

Executed by: Joey David Tickle Print Name Joey David Tickle
JDT SW Investments
If signing on behalf of a company, please print the company name here.

Phone Number: 480-994-3694 Fax Number: _____