

NOV 17 2011

FILE NO. L-1718211-7 **ARTICLES OF ORGANIZATION**

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. **JOSEPH KING MAINTENANCE, LLC**

Limited Liability Company Name

AZ CORPORATION COMMISSION
FILED

NOV 03 2011

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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 4529 W. OCOTILLO RD.#153

City GLENDALE State AZ Zip 85301

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

Name JOSE L. INIGUEZ

Address 4529 W. OCOTILLO RD. #153

City GLENDALE State AZ Zip 85301

Acceptance of Appointment by Statutory Agent:

I JOSE L. INIGUEZ, 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]

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

4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)

MAINTENANCE AND REPAIR SERVICES

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 JOSE L. INIGUEZ

Name _____

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

Address: 4529 W. OCOTILLO RD.#153

Address: _____

City, GLENDALE State, AZ Zip: 85301

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 8TH day of NOVEMBER, 2011

Executed by:  Print Name JOSE L. INIGUEZ

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

Phone Number: (623) 206-4551 Fax Number: _____