AUG 0 8 2012



FILE NO. L-17807/7-9

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## **ARTICLES OF ORGANIZATION**

			Read the	Instruction	ıs <u>L010i</u>			
1. ENTITY TYPE - check only one to indicate the type of entity being form								
	LIMITED LIABILITY C	OMPAN	(	PROFE	SSIONAL LI	MITED LIAB	ILITY CO	DMPANY
2.	ENTITY NAME - see I	nstruci	tions L010i for	naming req	uirement:	s – give t	he exa	ct name of the LLC:
	ShanLiHong Internation	al LLC						
3.	PROFESSIONAL LIMI number 1 above, describe the accounting, medical):							
4.	STATUTORY AGENT -	see Ii	nstructions L01	0i:				
	<b>4.1</b> REQUIRED – give the an individual or an en or street address (nof the statutory agent)	itity) <b>an</b> not a P.C	d <i>physical</i>	4.2		. – mailing a ry Agent (ca		
	g Hou tory Agent Name			-				
Atten	tion (optional)			Attention (option	nal)			
2333 Addre	3 W Blaylock Dr			Address 1				
Addre	:55 I			Address 1				
	ess 2 (optional)	AZ	85085	Address 2 (opti	onal)	-		
	Phoenix	State	Zip	City			State	Žip
	4.3 REQUIRED—the Statutor	/ Agent	Acceptance form M	002 must be	submitted a	long with th	ese Artic	des of Organization.
_	ARTZONA WNOWN RI		e buctness	ADDDECC.				
5.	<ul><li><b>5.1</b> Is the Arizona kn statutory agent?</li><li><b>5.2</b> If you answered Box) of the known</li></ul>	own p	lace of business Yes – go to nui No – go to nui to number 5.1,	s address the samber 6 and mber 5.2 and give the plant	continue nd continu hysical o	ue e <b>r street</b> :		
	Attention (optional)  Address 1  Address 2 (optional)  City				State or	Zip		
	Country				Province			. •

6. DURATION – the du of the boxes is checke						ual <i>u</i>	<i>nless</i> one
☐ The LLC's life per	iod will end	on this date: _		(e	nter a date)		
		upon the occurre			•		
					(	describ	e an event)
COMPLETE NUMBER	R 7 OR	NUMBER 8	– NOT	вотн.			
7. MANAGER-MANAGE LLC will be vested in a Attachment form L04	a manage	er or managers	s, and co	mplete and atta	ich the <u>Mar</u>	nager	<u>Structure</u>
8. MEMBER-MANAGED will be reserved to the form L041. The filing	e membe	ers, and comple	ete and a	ittach the <u>Memb</u>	er Structu		
<ol> <li>ORGANIZERS - list to organizer - minimum complete and attach to the complete and attach t</li></ol>	of one is	required. If n	nore spa	ice is needed, ch			
eng Hou			_				
Name 1333 W Blaylock Dr			Name				
Address 1			Address	i 1			
Address 2 (optional)	AZ		Address	2 (optional)	· · · · · · · · · · · · · · · · · · ·		
Phoenix		85085					
UNITED STATES	State	Zip	City		Sta	te	Zip
Country	<del>)</del>		Country	<u> </u>			
SIGNATURE - see Instructions L	010i:		SIGN	ATURE – see Instru	ıctions L010i:		
By checking the box marked "I ac acknowledge under penalty of per				ecking the box mar wledge under pena			
together with any attachments is with Arizona law.	submitted (	n compliance		her with any attach Arizona law.	ments is subn	nitted in	n compliance
V I ACC	EPT			1	I ACCEPT		
Signature Signature			Signa	hien			
Feng Hou	8/7/	2012	Signa	me			
Printed Name	2	Date	Printe	d Name			Date
IF SIGNING FOR AN ENTITY, CHEC	K ONE, FILL	. IN BLANK:	IF SIG	NING FOR AN ENTI	TY, CHECK ON	E, FILL	IN BLANK:
Corporation as Organize officer or authorized agent name is:				Corporation as Conficer or authorized name is:			
LLC as Organizer - I am manager, or authorized ag company, and its name is	ent of a lim			LLC as Organizer manager, or autho company, and its	orized agent o		
Filing Fee: \$50.00 (regular proce	ssing)		Mail:	Arizona Corporatio		n	
Expedited processing – add \$35.0 All fees are nonrefundable - see I	0 to filing f		Fax:	Corporate Filings: 1300 W. Washing 602-542-4100		nix, Ari:	zona 85007

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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## MANAGER STRUCTURE ATTACHMENT

1.	ENTITY NAME - g ShanLiHong Inter	ive mat	the ex ional	cact name of	the LLC (forei	ign <b>L</b>	.LCs - give	e name in do	mici	ile sta	ate or count	:ry);	
2.	A.C.C. FILE NUMBER (if known):  Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <a href="http://www.azcc.gov/Divisions/Corporations">http://www.azcc.gov/Divisions/Corporations</a>												
3.	Check one box on												<u></u>
	Articles of Organ	niza	ation		Articles of Ame Articles of Ame	endr	nent			ıistral	tion		
4.	MANAGERS / MEM 20% or more of the required. Check the space is needed, use	ne p e ap	pronts o ppropri	or capital of t iate box or bo	tne LLC. Mem oxes below eac	iber: ich d	s who own erson liste	lece than 20	10/. •	mau :	alco bo lieto	محسانية بالمسام	_
Fen Name	ng Hou						longru	Li					
2333 W Blaylock Dr						2	2333 W Blaylock Dr						
Auuro	\$\$ 1					Ac	idress 1			<u> </u>		-	
	ess 2 (optional)				T	1	Idress 2 (optio	onal)			<del>                                     </del>	<del></del>	
Pho	penix			AZ State or	85085		hoenix				AZ	85085	
	UNITED STATES	_		Province	ZIP	Çi	UNIT	ED STATES			State or Province	Zip	
Count	ŕ	☑		or more me		Co	untry		$\overline{\Box}$	20%	or more m	emher	_
<b>√</b> №	Manager		Less	than 20% me	ember		Manager	<u>-                                      </u>	<b>/</b>		than 20%		
Mar	ry Guanling Ho	<u>ou</u>											
Name 233	33 W Blaylock	Dr	_			Na	me						
Addres	ss 1	<u>.</u>				Ād	dress 1	<u> </u>					
	ss 2 (optional)			Γ	<del></del>	Ad	dress 2 (optio	inal)			<del></del>	<del></del>	
Pho City	enix			AZ State or	85085	<u> </u>							_
	UNITED STATES	_	_	State or Province	Zip	Cit	ÿ	<del></del>		<del></del>	State or Province	Zip	
Countr	•		20%	or more men	mber	Co	untry			20%	or more me	emher	-
<b>✓</b> M	1anager	V	Less t	than 20% me	ember		] Manager		_		than 20% r		
					ı								
Vame	<del></del>					Nai	ne				<del></del>	<u> </u>	<del>_</del>
\ddres	ss 1					Add	ress 1	<del></del>					
11220				<del>_</del>	<u> </u>								
	ss 2 (optional)					Add	iress 2 (option	nal)				T	
ity		_	_	State or Province	ZIP	City				<u></u> -	State or Province	Zip	
Ountry	y lanager			or more men		Cor	Intry		=		or more me	-,	
<u></u>	anager	<u> </u>	Less u	than 20% me	mber	╙	Manager		Ш	Less	than 20% n	nember	

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## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

CI.	itutory Agent:								
Sna —	anLiHong International I	LC							
2. A.C Find	C.C. FILE NUMBER (if e the A.C.C. file number on the up	entity is already incorpor per corner of filed documen	rated or registered in AZ):_ tts OR on our website at: http://www.azcc.gov/l	Divisions/Corporations					
s. ST.	<b>STATUTORY AGENT NAME</b> – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity): Feng Hou								
Fer									
3.1	Check one box:		y agent is an <b>Individual</b> (natural y agent is an <b>Entity</b> .	person).					
TATU	TORY AGENT SIGNAT	URE:							
acce ackn	pts the appointment as	statutory agent fo intment is effective	ial or entity named in number 3 a r the entity named in number 1 a e until the entity replaces the stat first.	hove and					
By c docu	thecking the box marke ument together with an	d "I accept" below, y attachments is su	I acknowledge <i>under penalty of p</i> ibmitted in compliance with Arizoi	perjury that this na law.					
	0	[V] I A	CCEPT						
	e de la companya della companya della companya de la companya della companya dell		r Hou						
	When	Fen	g поu	08/07/2012					
Mgnature	frede		I Name	08/07/2012 Date					
Signature (	RED - check only one:								

Filing Fee: none (regular processing)

Expedited processing – add \$35.00 to filing fee.

All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

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