2013-Feb-12 10:08 AM Legalzoom.com, Inc. (512) 241-7025

### AZ CORPORATION COMMISSION FILED

FEB 1 9 2013



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# FILE NO.-1835269-2

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

## ARTICLES OF INCORPORATION

		FOR-PR	Read the	Instructions	<u> C010/</u>			
1.	ENT	TTY TYPE – check of process of the check of	nly one to indica USINESS) CORPORA	ets the type	of entity being ROFESSIONAL CO	g formed: ORPORATION		
2.		ITY NAME - <u>see Inst</u> oration:	ructions C010i fo	or naming re	quirements –	give the exact i	name of the	
		Northern Arizona Healthos	re Solutions P.C.				<del></del>	
3.	desci	OFESSIONAL CORPORATION OF THE PROPERTY OF T	RATION SERVI or services that the	CES — if profe professional co	ssional corporation will prov	on is checked in nu vide (examples: lav	mber 1, brisfly v firm,	
		amily Medical Walk In			<del> </del>			
4.	cond	ARACTER OF BUSINE uct in Arizona. NOTE that the first of the provided.	SS — briefly describ he character of busin	ce the character ness that the co	r of business the rporation ultimat	corporation initially ely conducts is not	Intends to Ilmited by the	
5.	cias: this	ARES - see Instruction that the corporation is AU box and complete and a	r <b>HORIXED</b> to Issue Itach the <u>Shares Au</u> l	– the total mus <u>hodzed Attachi</u>	t be greater than <u>nent f</u> orm CO87.	Note - Par Value	e is optional.	
	Clape:	Common	\$94453	T0.0011 _5	<u> </u>			
	<b>Ciass</b> :		Scriet:	Tobal: _		, " hit Abines		
6.	AR:	CZONA KNOWN PLAC	E OF BUSINES	s address	ı.			
•	6.1 Is the Arizona known place of business address the same as the street address of the statutory agent?  Yes - go to number 7 and continue  No - go to number 6.2 and continue							
6.2 If you answered "No" to number 6.1, give the physical or street address Box) of the known place of business of the corporation in Arizona:								
•					,,_			
		Attention (optional) 1778 N.Hwy 89				•		
		Address 3						
		Address & (aptional) Chino Valley		<u></u>	AZ	86323		
		Linited 5	itates		State or Province	Zip	<u> </u>	
		Country	-4					

Shannon Jaramillo			Cindy Brown			
Nama			Name	· · · · · · · · · · · · · · · · · · ·		
1778 N.Hwy 89			1145 Northwood Loop	ì		
Address 1			Address 1		······································	
Andres 1 (optional)			Address 2 (Billanel)	1	1	
Chino Valley	AZ	86323	Prescott	AZ	86803	
Cky Linited States	State or Province	Σip	Country United States	State or Province	21p	
Address 3			Address 1			
Address 3 (optional)			Address & (optional)	]		
Country	State or Province	X1p	Country (	State or Prevince	ØP .	
			Ì			
Namo	<del></del>		Name			
Address 1			Address 1			
Address 3 (aptions))			Address 2 (epidents)			
GB	Blate of	2/p		State or Province	Zip —	
	Province		Country	THEFT		

8, STA	TUTORY AGENT	<u>- sea ĭn:</u>	structions Co:	(Of:				
8.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:				8.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box):				
Michael Ja	ramilio		•					
Statutory Age:	t Name (recoired)							
10999 N. 8	iport Horse Ln.		<u> </u>	Attention (Aptional)				
Address 1				Address 1				
Address 2 (op	enni)		, · •• · · · · · · · · · · · · · · · · ·	(Janelles) S ecordos				
City Prescott Valley StateAZ Zip 86315				City	Erim to	Zip		
8.3	REQUIRED - th these Articles (	e <u>Statute</u> of Incorp	orv Agent Acc pration.	entance form M002 mus	t be submitte	d along with		

C010.001

Arizona Corporation Scriministica - Corporations Division Page 2 of 3

	and complete and a			J			
	el Jaramilio			Name			
Name 1778	N.Hwv 89			Helion			
				Address	M .		· · · · · · · · · · · · · · · · · · ·
Arterati	2 (apposal)			Address	2 (optional)		
Chino	Vallev	AZ	86323	_			<u> </u>
CILY	United States	State	Σiρ	CON		£12766.	XIp
Colinar	· · · · · · · · · · · · · · · · · · ·			CSEINGRY			
sign	ATURE - <u>see Instructions</u>	C0101:		'	ATURE - ges Inc		
ander	Achany of periors that int	a documen	t tonether With	) under	- ออกอะไว่ ซรี กละกับเ	arked "I accept" bek y that this document mitted in compilance	t togetner with
$\bigvee_{i}$	LIME XXA	CCEPT				1 ACCEPT	
Bigna	ure \	- 50		Migha	tura	***	
			-12-13		d Name		2614
	V		DERE		-		
IF EIG				IF BIG		tzty, check one, fa Incorporator - I s	
	Corporation as Incorporation as Incorporated again name is:	oretor - I t nt of a corp	am signing as an oration and its		officer of author name is:	dized agent of a corp	cration and its
П	TOTAL NAME SOURCE  States I (appensi) Chino Valley  AZ 86923  State 200  Country  Exchange the box marked "I accept" below, I acknowledge under penalty of perfury that this document together with any attachments is submitted in compliance with Arizona law.  If ACCEPT  If pigning for an entity, Check one, Fill in Blank;  Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its				LLC as Incorpe	orator - I am signin thorized agent of a l	ig as a member, limited liability

INCORPORATORS - list the name and address, and provide the signature, of each and every incorporator - minimum of one is required. If more space is needed, check this box

Filing Fee: \$60.00 (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable – see Instructions.

Arizona Corporation Commission

Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 65007

All fees are nonrefundable - ses instructions.

Pax: 602-542-4100

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

All documents find with the Antonia Corporation Commission are public record and are open for public inspection.

If you have questions after respling this instructions, please call 602-843-3026 or (within Arizona only) 500-245-9510.

C010,001 Rby: 2010

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# Attachment to Articles of Incorporation for Northern Arizona Healthcare Solutions P.C.

- 10. The corporation shall indemnify any person who incurs expenses or liabilities by reason of the fact he or she is or was an officer, director, employee or agent of the corporation or is or was serving at the request of the corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise. This indemnification shall be mandatory in all circumstances in which indemnification is permitted by law.
- 11. To the fullest extent permitted by the Arizona Revised Statutes, as the same exists or may herafter be amended, a director of the corporation shall not be liable to the corporation or its shareholders for monetary damages for any action taken or any fallure to take any action as a director. No repeal, amendment or modification of this article whether direct or indirect, shall eliminate or reduce its effect with respect to any act or omission of a director of the corporation occurring prior to such repeal, amendment or modification.

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

## STATUTORY AGENT ACCEPTANCE

		0	Please re	ead Ir	structions <u>M002i</u>	
1.	ENTIT	Y NAME – give the e ry Agent:	xact name in Ari	zena (	of the corporation or LLC th	at has appointed the
	Norther	n Arîzona Healthcare S	olutions P.C.			
2.	A.C.C.	FILE NUMBER (If en	tity is already incorpo	rated (	r registered in AZ):	All Phylology (Carrow throng
***	Find the A	.C.C. file number on the uppe	it could, of tipe corning	ne ok	30 COL MUDDICE CIT THE PARTY TELLS	
3.	STATU entity !	ITORY AGENT NAM Isted in number 1 ab	e – give the exac ove (this will be	t nan either	ne of the Statutory Agent agent agent agent agent agent and individual or an entity):	; pointed by the
	Michae	al Jaramillo				
	3.1	Check one box:			ent is an <b>Individua</b> l (natur ent is an Entity.	al person).
ST	ATUTO	RY AGENT SIGNATI	JRE:			
	accepts acknow the stat	the appointment as ledges that the appo- cutory agent resigns,	statutory agent r Intment is effecti whichever occur d "T accept" helov	or the ve un s first v. I ac	r entity named in number 3 e entity named in number 1 til the entity replaces the si :knowledge <i>under penalty o</i> itted in compliance with Ari	tatutory agent or of perjury that this
	٨	•	t Kr	C ACC	EPT	
1	4. IX		<del>/ </del>			
M	Y NA		Michael Ja			<u> 2-13-13</u>
3	Stome /	<b>V</b>	Pri	nted Nan	9	000
R)	7 Indi	D - check only one: Idual as statutory ig on behalf of mysel	agent: I am f as the individus	<b>1</b>	Entity as statutory ag behalf of the entity nam and I am authorized to	ed as statutory agent,
1_						
Ė	expedited	none (regular processing processing - add \$35.00 b nonrefundable - see Inst	o filing fae. autions.	Mail: Fax:	Arizona Corporation Commissio 1300 W. Washington St., Phoe 602-542-4100	nix, Arizona 85007
=	and his Militar	d that A.C.C. forms reflect only the naods of your business. led with the Arisons Corporation C tions after reading the Instruction	e minimum provisions read	ired by M d and an ar (WEW	nturn. You should seek private legal counsel e open for public impaction. n Artrons only) 800 (145-159).	tot, cross urgerija crist inish bergau

M002.001 Rev: 2010

Artzona Corporation Commission - Comorations Chiefen Page 1 of 1

#### DO NOT WATTE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

### CERTIFICATE OF DISCLOSURE

Read the Instructions COOS(

1.	ENTITY	NAME - give the exact name of the corporation in Arizona:		
	Northern	Arizona Healthcare Solutions P.C.		<del></del>
2.	A.C.C. I	FILE NUMBER (If already incorporated or registered (n AZ):	gov/Otvletone/Co	<u>Taretions</u>
3,	Check	Initial (accompanies formation or registration documents)  Annual (credit unions and loan companies only)  Supplemental to COD filed	belfi-ylau	
4.	Has any	/JUDGMENT QUESTIONS:  y person (a) who is currently an officer, director, trustee, or incorporate or holds over ten per cent of the Issued and outstanding common any other proprietary, beneficial or membership interest in the con-	poration bee	ուհայ (
		consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate?	☐ Yes	×No
	4.2	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate?	☐ Yes	XNº
	4.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate, involving any of the following:		
		<ul> <li>a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;</li> <li>b. The violation of the consumer fraud laws of that jurisdiction;</li> <li>c. The violation of the antitrust or restraint of trade laws of that jurisdiction?</li> </ul>	Yes	Xvo
	4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES, you My and attach a Certificate of Disclosure Felony/Judgement Attachme	UST completed to the contract of the contract	4.

e Sanganaray Allegre	Nu			<u></u>			
5. BANKRUPTCY QUESTIC	//\i	61	5140× *	Oractor trustos	<del> </del>		
5.1 Has any person (	a) who is curren	tiy an or	Ticer, c	wenty per cent of			
incorporator, or (	incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of						
the issued and ou	restanding comm	ion snar	es or the	interact in the		\	
any other proprie	tary, penericial	St Wettin	set proje Set pi (i h	Hiretoor III mie	T Yes	∑ No	
corporation, serv	ed in any such d	apacity (	not the	a thesty per		/ \	
cent interest in a	ny other corpo	racion (	not un eble of	the other	1		
Certificate) on th	e baukinbich or	receive	vership of the other				
corporation?					h a Contillion	-	
5.2 If the answer to n Disclosure Bankru	umber 5.1 is YI otcy Attachmen	s, you : form C	MUST (	complete and attac	n a cerunca	(e o)	
IMPORTANT: If within 80 d. Certificate becomes an officar, dire- outstanding shares or ten per cant corporation must submit a SUPPLEI by a duly elected and authorized of	ctor, trustee or pers of any other proprie IBNTAL Certificate p	on controll	ing or m		the Chromation	. Pret	
SIGNATURE REQUIREMENTS:							
initial Certificate of Disclosure:	This Cartilicate	nust be alg	ned by	all incorporators. If mo or Attachment form CO	re space is née R4.	000,	
	complete and at	cach an 10	COLUMN A	duly authorized officer	OF by the Chal-	man of	
foreign corporations:	the Board of Dir		ivee sy	I GOLY BOTHOTISES SHIPE			
Credit Unions and Loan Companies	This Certificate	nust be si	gned by	any 2 officers or directo	rs.		
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dress 2			Address 1				
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United States		I.	Country				
IGNATURE - See Instructions COO	<u>3/:</u>	1	SIGNA	TURE - <u>see instruction</u>	8 C003(:		
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Michael Varamillo	2-12-13						
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corporation submitting this C	ertificate.	1	=	Other - I am an office collaboration anomitting	this Certificate.		
Officer - I am an officer of t	he corporation	- 1		authoriting this Certifici	ate		
Submitting this Certificate Chairman of the Board of	Directors - I am th	<u> </u>		Chairman of the Boar	rd of Directors	-I am the	
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Expedited processing - add \$35.	00 to filing fee.		131	)0 W. Washington St., F	hoenix, Arizoni	\$5007	
All fees are nonrefundable - see		Fax	; 60:	2-542-4100	uncel fee thousand with	on that now partial	
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