



04212793

AZ CORPORATION COMMISSION
FILED

APR 11 2013

FILE NO.

L-18391779

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

ARTICLES OF ORGANIZATION*Read the Instructions L010i***1. ENTITY TYPE – check only one** to indicate the type of entity being formed:☒ LIMITED LIABILITY COMPANY☐ PROFESSIONAL LIMITED LIABILITY COMPANY**2. ENTITY NAME – see Instructions L010i** for naming requirements – give the exact name of the LLC:OmniVerse Publishing LLC**3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES –** if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (*examples: law firm, accounting, medical*):**4. STATUTORY AGENT – see Instructions L010i:****4.1 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:**4.2 OPTIONAL** – mailing address in Arizona of Statutory Agent (can be a P.O. Box):Ed Hodges, JR

Statutory Agent Name

Attention (optional)

85 SUNSET HILLS DRIVE

Address 1

Attention (optional)

Address 1

Address 2 (optional)

City SedonaAZ
State86336
Zip

Address 2 (optional)

City

State

Zip

4.3 REQUIRED–the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.**5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:****5.1** Is the Arizona known place of business address the same as the **street address** of the statutory agent? ☒ Yes – go to number 6 and continue☐ No – go to number 5.2 and continue**5.2** If you answered “No” to number 5.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City Country	State or Province	Zip

6. DURATION - the duration or life period of the LLC is **presumed to be perpetual unless** one of the boxes is checked below **and** the corresponding blank is filled in:

- ☐ The LLC's life period will end on this **date**: _____ (enter a date)
- ☐ The LLC's life period will end upon the occurrence of this **event** _____ (describe an event)

COMPLETE NUMBER 7 OR NUMBER 8 - NOT BOTH.

- 7. MANAGER-MANAGED LLC** - *see Instructions L010i* - check this box ☐ if management of the LLC will be vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 8. MEMBER-MANAGED LLC** - *see Instructions L010i* - check this box ☒ if management of the LLC will be reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 9. ORGANIZERS** - list the **name and address**, and provide the **signature**, of each and every organizer - minimum of one is required. If more space is needed, check this box ☐ and complete and attach the Organizer Attachment form L042.

Name Dianne Hodges

Address 1 85 Sunset Hills Drive

Address 2 (optional) Sedona AZ 86336

City USA State Zip

Country

SIGNATURE - *see Instructions L010i*:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature Dianne Hodges

Printed Name DIANNE Hodges

Date 4-9-2013

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

- ☐ **Corporation as Organizer** - I am signing as an officer or authorized agent of a corporation and its name is:

- ☐ **LLC as Organizer** - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

Name _____

Address 1 _____

Address 2 (optional) _____

City _____ State _____ Zip _____

Country _____

SIGNATURE - *see Instructions L010i*:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature _____

Printed Name _____

Date _____

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

- ☐ **Corporation as Organizer** - I am signing as an officer or authorized agent of a corporation and its name is:

- ☐ **LLC as Organizer** - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

Filing Fee: \$50.00 (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

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.

2 of 4 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.

2/28/13 5:38 PM

MEMBER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

OmniVerse Publishing LLC

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: <http://www.azcc.gov/Divisions/Corporations>

3. **Check one box only to indicate what document the Attachment goes with:**

- ☒ Articles of Organization
 ☐ Articles of Amendment
☐ Application for Registration
 ☐ Articles of Amendment to Application for Registration

4. **MEMBERS** – give the name and address of all **Members**. If more space is needed, use another Member Structure Attachment form.

Dianne Hodges					
Name			Name		
85 Sunset Hills Drive			Address 1		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Sedona	AZ	86336			
City	State or Province	Zip	City	State or Province	Zip
Country	USA		Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		

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

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002i*

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

OmniVerse Publishing LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): _____

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity):

Ed Hodges JR

- 3.1 **Check one box:** ☒ The statutory agent is an **Individual** (natural person).
☐ The statutory agent is an **Entity**.

STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

Ed Hodges JR ☒ I ACCEPT Ed Hodges JR. 4-9-13
 Signature Printed Name Date

REQUIRED – check only one:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual | <input type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|--|---|

Filing Fee: none (regular processing)
 Expedited processing – (available only if this form is submitted by itself) 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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