AZ Corp. Commission
04410228

AZ CORPORATION COMMISSION
FILED

SEP 24 2013

FILE NO. 1875145

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:

Quail Trax Baked Creations 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):
Incorp Services Inc Statutory Agent Name	
Attention (optional)	Attention (optional)
2338 W. Royal Palm Rd., Ste. J Address 1	Address 1
Address 2 (optional) Phoenix / AZ / 85021-9339 City / State / 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)
4161 W Melinda Ln
Address 1
Address 2 (optional)
Tucson / AZ / 85742
City / State or Province / Zip
Country: UNITED STATES

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.

Holly Gillette
Name

PO Box 1274
Address 1

Address 2 (optional)

Cortaro | AZ | 85652
City | State | Zip

United States
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

✓ Holly Gillette
Signature

Holly Gillette 09/03/2013
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:

_____

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.
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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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:

   Quail Trax Baked Creations 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):

   Incorp Services Inc

   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.

☑ I ACCEPT

K Bloom — Katherine Bloom — on behalf of Incorp Services, Inc. — 09/03/13
Signature — Printed Name — Date

REQUIRED – check only one:

☐ **Individual as statutory agent:** I am signing on behalf of myself as the individual	☒ **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 – 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.
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MEMBER STRUCTURE ATTACHMENT

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

Holly Gillette Name PO Box 1274 Address 1 Address 2 (optional) Cortaro / AZ / 85652 City / State or Province / Zip Country: United States	Kyle Gillette Name PO Box 1274 Address 1 Address 2 (optional) Cortaro / AZ / 85652 City / State or Province / Zip Country: UNITED STATES
Name Address 1 Address 2 (optional) City / State or Province / Zip Country	Name Address 1 Address 2 (optional) City / State or Province / Zip Country
Name Address 1 Address 2 (optional) City / State or Province / Zip Country	Name Address 1 Address 2 (optional) City / State or Province / Zip Country