

SEP 17 2013

SEP 30 2013

FILE NO. L18741804

FILE NO. L1874180-4

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:**

Baker Pain Institute 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):

Clifford Tsuyoshi Baker  
Statutory Agent Name

Attention (optional)

9305 W. Elkhorn Lane

Address 1

Attention (optional)

Address 1

Address 2 (optional)

City Peoria

State AZ  
Zip 85383

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                 | State or Province | Zip |
| Country              |                   |     |

**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  
Dissolve LLC \_\_\_\_\_ (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.

Clifford Tsuyoshi Baker

9305 West Electra Lane

Address 1

Address 2 (optional)

Peoria AZ 85383

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

Signature

Cliff Baker 9/16/13

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.

Mall: 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) 800-345-8819.

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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):

BAKER PAIN Institute 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.

|                                      |                   |     |                      |                   |     |
|--------------------------------------|-------------------|-----|----------------------|-------------------|-----|
| Clifford Tsyoshi Baker               |                   |     |                      |                   |     |
| Name<br>Tsyoshi                      |                   |     | Name                 |                   |     |
| Address 1<br>930 S west Elcetra lane |                   |     | Address 1            |                   |     |
| Address 2 (optional)<br>Peoria       |                   | AZ  | 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              |                   |     |
|                                      |                   |     |                      |                   |     |
| Name                                 |                   |     | Name                 |                   |     |
| Address 1                            |                   |     | Address 1            |                   |     |
| Address 2 (optional)                 |                   |     | Address 2 (optional) |                   |     |
| City                                 | State or Province | Zip | City                 | State or Province | Zip |
| Country                              |                   |     | Country              |                   |     |

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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:

Baker Pain Institute 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):

Clifford Tsuyoshi Baker

- 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 typing or entering my name and checking the box marked "I accept" below, I intend to affix my electronic signature and (or through my physical signature appearing below) I acknowledge *under penalty of perjury* that this document is submitted in compliance with Arizona law.

☒ I ACCEPT

Note: If the statutory agent is an individual, the signature must match exactly the name listed in number 3.

Cliff Baker

Clifford Tsuyoshi Baker

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  
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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