

DEC 18 2013

FILE NO. L-1842835-0

**Articles of Organization
Of
Callison Enterprises, LLC**

Article I

- A. The LLC Name Reservation File Number for Callison Enterprises, LLC is N-1844554-0
- B. The name of the limited liability company is Callison Enterprises, LLC.

Article II

The name of registered office of the limited liability company in Arizona is

**Physical: Callison Enterprises, LLC
904 West Main Street
Quartzsite, AZ 85346**

**Mailing: Carol M Callison
PO Box 5225
Quartzsite, AZ 85359-5225**

Article III

The name and address of the Statutory Agent of the limited liability company is

**Physical: Carol M Callison
49510 Emerald Avenue
Quartzsite, AZ 85346**

**Mailing: Carol M Callison
PO Box 5225
Quartzsite, AZ 85359-5225**

Acceptance of Appointment by Statutory Agent:

I, Statutory Agent Name, having been designated to act as Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with Arizona Revised Statute.

Agent Signature: Carol M Callison
Statutory Agent Name

Article V

The Limited Liability Company is Perpetual

Article VI

Management of the Limited Liability Company is vested in a manager or managers. The name and address of the person who is a manager AND only member who owns one hundred percent or greater interest in the capital or profits of the Limited Liability Company is:

**Physical: Carol M Callison
49510 Emerald Avenue
Quartzsite, AZ 85346**

**Mailing Address: Carol M Callison
PO Box 5225
Quartzsite, aZ 85359**

Article VII

The limited liability company shall have all rights and powers, of whatsoever kind and nature, permitted by law.

Executed this 16th day of December, 2013

Executed by Carol M Callison
Carol M Callison, Manager Name

Article VIII

The limited liability company shall have all rights powers, of whatsoever kind and nature, permitted by law.

Be it also known that Statutory Agent Name, Carol M Callison, Statutory Agent has 60 days to review this document for accuracy and content with counsel.

IN WITNESS WHEREOF, we have executed these Articles of Organization on December 16 2013.

By: Carol M Callison
Carol M Callison, Statutory Agent

MANAGER STRUCTURE ATTACHMENT

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

Callison Enterprises LLC

2. **A.C.C. FILE NUMBER** (if known): N-1844554-0

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. **MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed – *do not check both member boxes*. If more space is needed, use another Manager Structure Attachment form.

Carol M Callison					
Name			Name		
49510 Emerald Avenue			Address 1		
Address 1			Address 1		
PO Box 5225 (zip 85359)			Address 2 (optional)		
Address 2 (optional)			Address 2 (optional)		
Quartzsite	AZ	85346			
City	State or Province	Zip	City	State or Province	Zip
UNITED STATES					
Country			Country		
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		

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:

Callison Enterprises LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): N 1844554 0

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):

Carol M Callison

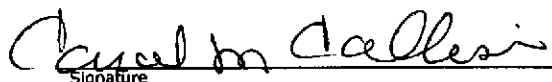
- 3.1 Check one box: ☒ The statutory agent is an **Individual** (natural person).
☐ The statutory agent is an **Entity**.

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


Signature

Carol M Callison

Printed Name

12/16/2013

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 – (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

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.