AZ CORPORATION COMMISSION
FILED

JAN 0 7 2014

FILE NO. L1896308.9

AZ Corp. Commission
04527165

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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:

Red Maverick, 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):		
Nan Nesvig Statutory Agent Name					
Attention (optional)			Attention (optional)		
6144 North 77th Place Address 1			Address 1		
Address 2 (optional) City Scottsdale	AZ State	85250 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:

Stephen Wilkinson Attention (optional)			
551 West Emelita Ave. Address 1			
Address 2 (optional) Mesa		AZ State or Province	85210 Zip
City 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**

~~Both managers withdraw and dissolve the entity~~ (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.

Stephen Wilkinson
Name

551 W. Emelita Ave.
Address 1

Address 2 (optional)

Mesa | AZ | 85210
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

Stephen Wilkinson | 1-6-14
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:

Red Maverick, LLC

Nan Nesvig
Name

6144 North 77th Place
Address 1

Address 2 (optional)

Scottsdale | AZ | 85250
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

Nan Nesvig | 1-6-14
Printed Name | Date

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☐ **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:

Red Maverick, LLC

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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MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
   Red Maverick, 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:**
   - [x] Articles of Organization
   - [ ] Application for Registration
   - [ ] Articles of Amendment
   - [ ] 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.

Stephen Wilkinson Name 551 West Emelita Ave. Address 1 Address 2 (optional) Mesa / AZ / 85210 City / State or Province / Zip Country: UNITED STATES [ ] 20% or more member [x] Manager [ ] Less than 20% member	Nan Nesvig Name 6144 North 77th Place Address 1 Address 2 (optional) Scottsdale / AZ / 85250 City / State or Province / Zip Country: UNITED STATES [ ] 20% or more member [x] Manager [ ] Less than 20% member
Name Address 1 Address 2 (optional) City / State or Province / Zip Country [ ] 20% or more member [ ] Manager [ ] Less than 20% member	Name Address 1 Address 2 (optional) City / State or Province / Zip Country [ ] 20% or more member [ ] Manager [ ] Less than 20% member
Name Address 1 Address 2 (optional) City / State or Province / Zip Country [ ] 20% or more member [ ] Manager [ ] Less than 20% member	Name Address 1 Address 2 (optional) City / State or Province / Zip Country [ ] 20% or more member [ ] Manager [ ] Less than 20% member

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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:

   Red Maverick, 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):

   Nan Nesvig

   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	Printed Name	Date
	Nan Nesvig	1-6-14

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

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