

AZ CORPORATION COMMISSION FILED

MAR 0 5 2014

FILE NO. L-1909602-7

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

ARTICLES OF ORGANIZATION

			4	Read the	Instruction	•	•			
1.	1. ENTITY TYPE - check only one to indicate the type of entity being formed:									
		LIMITED LIABILIT					ED LIABILITY C	OMPANY		
2. ENTITY NAME - see Instructions L010i for naming requirements - give the exact na						ict name of the	LLC:			
	Blac	kfield Entertainm	ent LLC		· ·		·		<u>.</u>	
3.	numb	ressional LII er 1 above, describe nting, medical):								
4.	STA	TUTORY AGENT	- see I	nstructions L01	<u> </u>					
	4.1	REQUIRED – give to an individual or an or street address of the statutory ag	entity) an (not a P.0	d physical	4.2 OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):					
	nard N	Mansfield It Name								
Atten	tion (opti	onal)			Attention (optional)					
318 Addre		elody Dr.			318 E. Melody Dr.					
710010					Audress 1					
	ss 2 (opt Gilbe	·	AZ State	85234 zip	Address 2 (option	•	AZ State	85234 Zip		
		EQUIRED—the Statut	· · · · · · · · · · · · · · · · · · ·				<u> </u>		\dashv	
5.	ARI: 5.1 5.2	statutory agen	known p t? •	lace of business Yes – go to nui No – go to nui	s address th mber 6 and mber 5.2 an give the ph	continue d continue ysical or s				
67 66 66		Attention (optional) Address 1					·			
		Address 2 (optional)				1				
		City Country		-		State or Z Province	(ip			

6.	DURATION – the duration or life period of the of the boxes is checked below and the corresponding.					
	The LLC's life period will end on this date:					
	The LLC's life period will end upon the occurrer					
CC	OMPLETE NUMBER 7 OR NUMBER 8	– NOT	вотн.			
7.	MANAGER-MANAGED LLC - <u>see Instruction</u> LLC will be vested in a manager or managers <u>Attachment</u> form L040. The filing will be rejected.	, and cor	nplete and attach the Manager Structure			
8.	8. MEMBER-MANAGED LLC - <u>see Instructions L010i</u> - check this box if management of the LLC will be reserved to the members, and complete and attach the <u>Member Structure Attachment</u> form L041. The filing will be rejected if it is submitted without the attachment.					
9.	ORGANIZERS - list the name and address , organizer – minimum of one is required. If m complete and attach the <u>Organizer Attachment</u>	nore spac	ce is needed, check this box 🗌 and			
Richa	rd Mansfield					
Name	. Melody Dr.	Name				
Address		Address	1			
Addres	5 2 (optional)	Address	2 (optional)			
Gilbe	A 77	, Audiress	L (opuonar)			
City	UNITED STATES State Zip	City	▼ State Zip			
Country	land	Country				
SIGN	ATURE - <u>see Instructions L010i:</u>	SIGNA	NTURE - see Instructions L010i:			
ackno toget	ecking the box marked "I accept" below, I wledge under penalty of perjury that this document her with any attachments is submitted in compliance Arizona law.	acknow togeth	ecking the box marked "I accept" below, I wledge under penalty of perjury that this document er with any attachments is submitted in compliance rizona law.			
☑ I ACCEPT			☐ I ACCEPT			
14	1dn					
Sigua	rd Mansfield 2-18-14	Signatu	re			
	d Name Date	Printed	Name Date			
IF SIG	INING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:	IF SIG	HING 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:		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:	LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:				
Exped	Fee: \$50.00 (regular processing) dited processing - add \$35.00 to filing fee. es are nonrefundable - see Instructions.	Mail:	Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100			
L		I dx.	004 JT2-7100			

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.

DO NOT WRITE ABOVE THIS LINE: RESERVED FOR ACCUSE ONLY. MANAGER STRUCTURE ATTACHMENT **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country); Blackfield Entertainment LLC 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 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 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. Richard Mansfield Dorin Perriello 318 E. Melody Dr. <u>318 E. Melody Dr.</u> Address 1 Address 2 (optional) Address 2 (optional) 85234 85234 ΑZ Gilbert Gilbert State or UNITED STATES UNITED STATES Province Province Country Country 20% or more member 20% or more member ✓ Manager Less than 20% member ✓ Manager Less than 20% member Name Name Address 1 Address 1 Address 2 (optional) Address 2 (optional) City State or **Province** Province Country Country 20% or more member 20% or more member Manager Manager Less than 20% member Manager Less than 20% member Name Name Address 1 Address 1 Address 2 (optional) Address 2 (optional)

Zip

City

Country

Manager

State or

Province

20% or more member

Less than 20% member

City

Country

Manager

State or

Province

20% or more member

Less than 20% member

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	ricase read Instructions (MODZ)							
1.	Statutory Agent: Blackfield Entertainment LLC							
2.								
3.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity):							
	Richard Mansfield							
	3.1 Check one box: The statutory agent is an Individual (natural person). The statutory agent is an Entity.							
ST	ATUTO	RY AGENT SIGNATU	JRE:					
	accepts acknow the sta By che	s the appointment as viedges that the appo- tutory agent resigns, cking the box marked	statutory agent intment is effec whichever occu i "I accept" belo	for tive irs fi w,]	I or entity named in number the entity named in number until the entity replaces the rst. acknowledge under penalty mitted in compliance with A	1 above, and statutory agen		
	1		<u> </u>	I AC	CCEPT			
-/Sign							2-18-14 Date	
RE	OUIRE	D - check only one:					Date	
	Indiv	idual as statutory a g on behalf of myself		al	Entity as statutory age behalf of the entity name and I am authorized to	ned as statutor	y agent,	
Ext	pedited p bmitted	none (regular processing) rocessing – (available on l by itself) add \$35.00 to fi nonrefundable - see Instru	ling fee.	Mai Fax	1300 W. Washington St., Phoe			

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