AZ CORPORATION COMMISSION FILED

JUN 1 2 2014 FIEND 1-1932954-4

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

ARTICLES OF ORGANIZATION

				: Instructio				
1.	ENTITY TYPE - chec	k only o	ne to indicate	e the type (of entity b	eing forn	ned:	
	LIMITED LIABILITY OF	COMPANY		PROFE	SSIONAL LI	MITED LIAE	BILITY CO	OMPANY
2.	ENTITY NAME - see I	instructio	ons L010i for i	naming red	uirement	s – aive t	he exa	ct name of the
	LJ&S,LLC					3		
3.	PROFESSIONAL LIMI number 1 above, describe the accounting, medical):							
4.	STATUTORY AGENT -	see Ins	tructions L01	<u>Oi</u> :	·			
	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):				
usti	n Boshears							
Statul	tory Agent Name			1				
	tion (optional)			Attention (option	nai)			
299 Valdre	West Olive Ave, Suite 5	<u> </u>		Address 1				
vd dire	ss 2 (optional)	AZ s	35345	Address 2 (opti	onal)			
ity	Peoria	1 1	Zip	City			State	Žip
	4.3 REQUIRED—the Statutory							
5.	ARIZONA KNOWN PL 5.1 Is the Arizona known statutory agent? 5.2 If you answered Box) of the known	iown pla Yo No" to	ce of businesses - go to nur o - go to nur number 5.1,	s address ti mber 6 and mber 5.2 a give the p	continue nd continu nysical o	ie r street		

Fax: (800) 388-0330

6. DURATION – the duration or life period of the of the boxes is checked below and the corresp	
The LLC's life period will end on this date:	(enter a date)
The LLC's life period will end upon the occurrence	
COMPLETE NUMBER 7 OR NUMBER 8 -	- NOT BOTH.
	s <u>L010i</u> - check this box If management of the and complete and attach the <u>Manager Structure</u> ted if it is submitted without the attachment.
	L010i – check this box if management of the LLC e and attach the Member Structure Attachment ibmitted without the attachment.
 ORGANIZERS - list the name and address, organizer - minimum of one is required. If mo complete and attach the <u>Organizer Attachment</u> 	ore space is needed, check this box 🗌 and
MACHEAL GOMEZ	
Name 5668 EAST 61ST STREET	Name
3008 EAST 01ST STREET Address 1	Address 1
	Áddress 2 (optionāl)
Address 2 (optional) COMMERCE CA 90040	Appress 2 (uposini)
UNITED STATES State 21p	City State Zip
Country	Country
SIGNATURE - <u>see Instructions L010i:</u>	SIGNATURE - <u>see Instructions 1010i</u> :
By checking the box marked "I accept" below, 1 acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.	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.
Macheal Homen	☐ I ACCEPT
Signature MACHEAL GOMEZ 06/10/2014	Signature
Printed Name Date	Printed Name Date
IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:	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:	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:
Filing Fee: \$50.00 (regular processing)	Mail: Arizona Corporation Commission
Expedited processing - add \$35.00 to filing fee.	Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	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.

To: 16025424100@RCFAX Fax: +16025424100

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

MEMBER STRUCTURE ATTACHMENT

1.	ENTITY NAME - give the e	xact name of	f the LLC (foreig	gn LLCs -	give name in domicil	e state or countr	y):
2.	A.C.C. FILE NUMBER (If kn Find the A.C.C. file number on the	own): ne upper corne	er of filed docume	nts OR on	our website at: http://ww	ww.azcc.gov/Divisio	ons/Corporations
3.	Check one box only to ind	licate what	document the	Attachr	nent goes with:		
	Articles of Organization Application for Registrati	on 🔲	Articles of Ame Articles of Ame		o Application for Regi	stration	
4.	MEMBERS – give the name Attachment form.	and address	of all Member	s. If mo	e space is needed, us	se another <u>Memb</u>	er Structure
Jus	tin Boshears				Boshears		
929 Addre	99 West Olive Ave,	Suite 50	7	Name 9299 Address	West Olive Av	ve, Suite 50)7
Addre	ess 2 (optional)	107	05345		2 (optional)	0.7	05245
Pec	oria	AZ - State or	85345 Zip	Peori	<u>a</u>	AZ State or	85345
Count	UNITED STATES	Province		Country	UNITED STATES	Province	
Name	1			Name			
Addre	ness 1		<u> </u>	Address	1		
Addre	ess 2 (optional)	<u> </u>		Address	2 (optional)		
City Coun	try	- State or Province	Zip	City		State or Province	Žip
	- -						
Мапи	3			Name			
Addre	ess 1			Address	i		
Addr	ass 2 (optional)	<u> </u>		Address	2 (eptional)		
City		- State or Province	Zip	City		State or Province	Zip

Country

DO NOT WATTE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

i. en St	VTITY NAME - give the atutory Agent:	exact name in Arizona of the corporation or I	LC that has appointed th			
L,	J & S, LLC					
L. A.I	C.C. FILE NUMBER (If el	ntity is already incorporated or registered in AZ):_ er corner of filed documents OR on our watatte at: http://www.i	TEC ACM/Dividings/Carpanallian			
. ST						
	stin Boshears					
3.1	L Check one bax:	The statutory agent is an Individual (r	natural person),			
(ATU	TORY AGENT SIGNATU	IRE:	·			
ALCIVITY	CAMPAGES HIGH THE STATE	statutory agent for the entity named in numb	er 3 above er 1 above, and e statutory agent or			
the :	statutory agent resigns, hecking the box marked	statutory agent for the entity named in numb nitment is effective until the entity contract to	er 1 above, and ne statutory agent or			
the :	statutory agent resigns, hecking the box marked	ntment is effective until the entity replaces to whichever occurs first. "I accept" below I acknowledge under needs	er 1 above, and ne statutory agent or			
the :	statutory agent resigns, hecking the box marked	ntment is effective until the entity replaces to whichever occurs first. "I accept" below, I acknowledge under penal attachments is submitted in compilance with [7] I ACCEPT Justin Boshears	er 1 above, and ne statutory agent or			
By codocu	statutory agent resigns, thecking the box marked iment together with any	statutory agent for the entity named in number its effective until the entity replaces to whichever occurs first. "I accept" below, I acknowledge under penal attachments is submitted in compliance with	er 1 above, and he statutory agent or ity of perjury that this Arizona law.			
the se docu	statutory agent resigns, hecking the box marked iment together with any	I ACCEPT Justin Boshears hinted Hene Entity as statutory behalf of the entity replaces to whichever occurs first. I accept" below, I acknowledge under penal attachments is submitted in compilance with J I ACCEPT Justin Boshears hinted Hene behalf of the entity na	er 1 above, and he statutory agent or lty of perfury that this Arizona law. 06/10/2014			
By codocu	statutory agent resigns, thecking the box marked iment together with any left to the box marked iment together with any left together with the box marked in the box marked left together with any left together with the box marked left together with any left together with any left together with the box marked left together with any left	nament is effective until the entity replaces to whichever occurs first. "I accept" below, I acknowledge under penal attachments is submitted in compliance with I ACCEPT Justin Boshears **Miled Hene**	er 1 above, and he statutory agent or lty of perfury that this Arizona law. 06/10/2014			

to the inclusions needs of your humbres.

All decements find with the Arterne Corporation Commission are public recent and are open for public telepartics.

If you have questions where reading the Instructions, please cell 502-542-1025 or (within Arterna only) 500-343-5819. You should seek private legal counted for those matters that may partisin