



AUG 22 2014

FILE NO. L-1947887

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:
TS WOOD DESIGNS, 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):	
Corporation Service Company Statutory Agent Name			
Attention (optional) 2338 W. Royal Palm Road, Suite J Address 1		Attention (optional) Address 1	
Address 2 (optional) City <u>Phoenix</u>	State <u>AZ</u> Zip <u>85021</u>	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) 9570 W Orchid Lane Address 1	
Address 2 (optional) Peoria City Country: <u>UNITED STATES</u>	State or Province: <u>AZ</u> Zip: <u>85345</u>

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 _____ (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.

TRENT E BUNCH

Name
9570 W ORCHID LANE
Address 1

Address 2 (optional)
PEORIA AZ 85345
City State Zip
Country UNITED STATES

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
TRENT E BUNCH
Printed Name
8/17/14
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: _____

STEPHANIE D BUNCH

Name
9570 W ORCHID LANE
Address 1

Address 2 (optional)
PEORIA AZ 85345
City State Zip
Country UNITED STATES

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
STEPHANIE D BUNCH
Printed Name
8/17/14
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.

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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MEMBER STRUCTURE ATTACHMENT

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

TRENT E BUNCH				STEPHANIE D BUNCH			
Name				Name			
9570 W ORCHID LANE				9570 W ORCHID LANE			
Address 1				Address 1			
Address 2 (optional)		AZ		85345		Address 2 (optional)	
PEORIA		AZ		85345		PEORIA	
City		State or Province		Zip		City	
Country		UNITED STATES		UNITED STATES		Country	
Name				Name			
Address 1				Address 1			
Address 2 (optional)		State or Province		Zip		Address 2 (optional)	
City		State or Province		Zip		City	
Country		UNITED STATES		UNITED STATES		Country	
Name				Name			
Address 1				Address 1			
Address 2 (optional)		State or Province		Zip		Address 2 (optional)	
City		State or Province		Zip		City	
Country		UNITED STATES		UNITED STATES		Country	

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

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 (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):
TS WOOD DESIGNS, 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). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:
Corporation Service Company

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 appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Corporation Service Company

By:

Signature

Elizabeth A. Smith

Elizabeth Smith
Assistant Vice President

Printed Name

8.22.14

Date

REQUIRED – check only one:

<input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual	<input checked="" type="checkbox"/> 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.
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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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