

AUG 29 2014

FILE NO. L19493912

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**
(entity name must contain
the words "Limited Liability
Company" or "LLC")☐ **PROFESSIONAL LIMITED LIABILITY COMPANY**
(entity name must contain the words
"Professional Limited Liability Company" or
"PLLC")**2. ENTITY NAME – see Instructions L010i for full naming requirements – give the exact name of the LLC:**CAROL J KNOCH LLC**3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES –** if and only 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 for service of process – see Instructions L010i**4.1 REQUIRED –** give the **name** (can be an Arizona resident or an Arizona-registered entity) **and physical or street address** (not a P.O. Box) in Arizona of the statutory agent:JEFFREY M NIEMAN

Statutory Agent Name

Attention (optional)

4515 S LAKESHORE DR STE 101

Address 1

Address 2 (optional)

City TEMPEAZ

State

85282

Zip

4.2 OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):

Attention (optional)

Address 1

Address 2 (optional)

City

AZ

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)		
Address 1		
Address 2 (optional)		
City	<u>AZ</u>	Zip
Country	<u>U.S.A.</u>	

6. DURATION – if the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below *and* fill in the corresponding blank:

☐ 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.

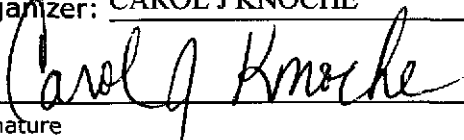
7. MANAGER-MANAGED LLC – *see Instructions L010i* – check this box ☒ if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach ONLY the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *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 (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach ONLY the Member Structure Attachment form L041. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

9. ORGANIZERS and SIGNATURE - the individual or pre-existing entity submitting this document is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual acting for that entity, then print the individual's name.

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.

Organizer: CAROL J KNOCHE



Signature

08/15/2014

Date

Printed Name (if different from Organizer)

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.

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):

CAROL J KNOCHE 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:

JEFFREY M NIEMAN

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.

 Signature	JEFFREY M NIEMAN Printed Name	08/15/2014 Date
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REQUIRED – check only one:

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

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
 CAROL J KNOCHÉ 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. **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. **Use one block per person.** 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.

1. CAROL J KNOCHÉ				2. OTTO E KNOCHÉ			
Name 2109 TRISSINO WAY				Name 2109 TRISSINO WAY			
Address 1				Address 1			
Address 2 (optional) GREEN BAY		WI	54313	Address 2 (optional) GREEN BAY		WI	54313
City UNITED STATES	State or Province		Zip	City UNITED STATES	State or Province		Zip
Country		<input checked="" type="checkbox"/> 20% or more member <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		Country		<input checked="" type="checkbox"/> 20% or more member <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	
3.				4.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip	City	State or Province		Zip
Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	
5.				6.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip	City	State or Province		Zip
Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		Country		<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

ARE YOU FILING: ☒ New Entity ☐ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: CAROL J KNOCHE LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input checked="" type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input checked="" type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☒ Check Check # 3410 Check Amount \$ 85.00

☐ M.O.D. Account MOD Acct # _____ Mod Amount \$ _____

☐ Cash -- for in-person filings only (Do not send cash in the mail.) Cash Amount \$ _____

☐ Credit Card -- for in-person filings only CC Amount \$ _____

☐ No fee required

REQUIRED - SELECT ONE RETURN DELIVERY OPTION: ☒ Mail ☐ Pick Up ☐ Fax # () _____

PLEASE PRINT E-MAIL ADDRESS CLEARLY:

☐ E-mail: _____

**For Mail or Pick Up - Please list the person or company who will be picking up the completed documents.
DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK).**

Person or Company Name:

Phone Number:

JEFFREY NIEMAN INC

480-777-0362

Address:

4515 S LAKESHORE DR STE 101

City:

State:

Zip

TEMPE

AZ

85282-7048

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ DATE: _____

View current process times at: www.azcc.gov/Divisions/Corporations

