

SEP 18 2014

FILE NO.

L-19534526

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:

ML2 Therap, PLLC

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):

Professional Counseling and psychological services

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):

Marilyn Wiley

Statutory Agent Name

Attention (optional)

43879 W. Maricopa Ave.

Address 1

Attention (optional)

Address 1

Address 2 (optional)

City Maricopa

State AZ

Zip

85138

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)			
Address 1			
Address 2 (optional)			
City	Country	State or Province	Zip

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**
Owner specifies business closure (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.

Name Marilyn Wiley
Address 1 43879 W. Maricopa Ave.
Address 2 (optional) _____
City Maricopa State AZ Zip 85138
Country US 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 Marilyn Wiley
Printed Name Marilyn Wiley Date 9.17.14

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:

Marilyn Wiley

Name _____
Address 1 _____
Address 2 (optional) _____
City _____ State _____ Zip _____
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 _____
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:

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.

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:

MLZ Therap, PLLC

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):

Marilyn Wiley

- 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

Marilyn Wiley
Signature

Marilyn Wiley
Printed Name

9.17.14
Date

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

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.
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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):

MLZ Therap, PLLC

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. **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.

Name <u>Marilyn Wiley</u>			Name		
Address 1 <u>43879 W. Maricopa Ave</u>			Address 1		
Address 2 (optional) <u>Maricopa</u>		State or Province <u>AZ</u>	Address 2 (optional)		Zip <u>85138</u>
City <u>Us</u>	Country <u>United States</u>	<input checked="" type="checkbox"/> 20% or more member <input checked="" type="checkbox"/> Manager	City	State or Province	Zip
<input type="checkbox"/> Less than 20% member			<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		
Name			Name		
Address 1			Address 1		
Address 2 (optional)		State or Province	Address 2 (optional)		Zip
City	Country	<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager	City	State or Province	Zip
<input type="checkbox"/> Less than 20% member			<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		
Name			Name		
Address 1			Address 1		
Address 2 (optional)		State or Province	Address 2 (optional)		Zip
City	Country	<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager	City	State or Province	Zip
<input type="checkbox"/> Less than 20% member			<input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member		