AZ Corp. Commission

OCT 0 1 2014

FILE NO. L: 1955 984-0

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			-	ARTICLES O	F ORGAN	IIZATIO	NC			
				Read the	Instruction	s <u>L010i</u>				
1.	ENTITY TYPE - check only one to indicate the type of entity being formed:									
		LIMITED LIABILITY C (entity name must conta the words "Limited Liabi Company" or "LLC")	ain	((entity n	SSIONAL LII ame must co ional Limited	ntain the wo	rds	MPANY	
2.	ENTIT	Y NAME - see In	struction	ons L010i for full	naming requ	irements ·	give the	exact n	ame of	the LLC:
	DESIR	EE 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.	STATI	JTORY AGENT fo	or sen	vice of process	s – see Ins	tructions	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:			4.2 OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):						
DE	SIREE I	BROTSKY								
	tory Agent N				-					
Atten	tion (optiona	il)			Attention (option	nal)				· · · · · · · · · · · · · · · · · · ·
		th Drive								
Addr	ess 1				Address 1					
Addn	ess 2 (option	al)	ΑZ	85383	Address 2 (optio	inal)		AZ		
City	Peoria State Zip		City			State	Zip	·		
	4.3 REQ	OUIRED— the Statuton	Agent .	Acceptance form M	002 must be s	submitted a	long with t	hese Arti	cles of Or	ganization.
5.		ONA KNOWN PL		+ +						-5.4.
	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							or tne		
	 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. 									
	5.2	Box) of the know						addre:	ss (not	а Р.О.
		Attention (optional)			***************************************					
		Address 1								
		7001039 1								
		Address 2 (optional)				AZ		". '		
		City Country	U.S	· ^		State or Province	Zip			

6.	DURATION – if the duration or life period of the LLC is section and continue to number 7 or number 8. Otherwithe 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 ev	
		
C	OMPLETE NUMBER 7 OR NUMBER 8 – NOT B	отн.
7.	MANAGER-MANAGED LLC – <u>see Instructions L010i</u> – LLC will be vested in a manager or managers (meaning company) and complete and attach ONLY the <u>Manager</u> ; members and managers will be listed on the Manager S rejected if it is submitted without the attachment.	one or more managers will run the Structure Attachment form L040. (Both
8.	MEMBER-MANAGED LLC – <u>see Instructions L010i</u> – ch LLC will be reserved to the members (meaning all mem there is no operating agreement stating otherwise), and <u>Structure Attachment form L041</u> . (All members will be I Attachment.) The filing will be rejected if it is submitted	bers will run the company together if I complete and attach ONLY the <u>Member</u> isted on the Member Structure
9.	ORGANIZERS and SIGNATURE - the individual or pre is the Organizer - list the name of the Organizer below. individual must sign below. If the Organizer is a pre-exit individual acting for that entity, then print the individual	If the Organizer is an individual, that sting entity, provide the signature of the
	The person signing below declares and certifles u that the information contained within this documents is true and correct, and is submitted Arizona law.	ent together with any
Or	rganizer: <u>Alsirie Brotsky</u>	
	Newwood Broth	09/28/2014
Sig	gnature	Date
De	esiree Brotsky	
Prir	nted 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: Fax:	Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100
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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.



Attachment form.



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MEMBER STRUCTURE ATTACHMENT

1.	DESIREE 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.	MEMBERS – give the name and address of all Members. If more space is needed, use another Member Structure

DESIREE BROTSKY Name 24301 N. 97th Drive Address 1 Address 2 (optional) Address 2 (optional) ΑZ 85383 Peoria State or City State or Zip UNITED STATES Province Province Country Country Name Name Address 1 Address 1 Address 2 (optional) Address 2 (optional) State or City State or Zip Province Country Country Name Name Address 1 Address 1 Address 2 (optional) Address 2 (optional) City State or Zip City Zip State or Province Country Country Name Name Address 1 Address 1 Address 2 (optional) Address 2 (optional) City State or Zip City State or Zip

Province

Province