MAY 2 1 2015

## FILE NO. L-2007270-7

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 (entity name must contain (entity name must contain the words the words "Limited Liability Company" or "LLC") "Professional Limited Liability Company" or "PLLC") ENTITY NAME - see Instructions L010i for full naming requirements - give the exact name of the LLC: Brush & Nib Studio, LC 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): STATUTORY AGENT for service of process - see Instructions L010i REQUIRED - give the name (can be 4.2 OPTIONAL - mailing address in Arizona an Arizona resident or an Arizona-registered of Statutory Agent (can be a P.O. Box): entity) and physical or street address (not a P.O. Box) In Arizona of the statutory agent: Joanna E. Duka Statutory Agent Name Attention (optional) Attention (optional) 3225 E Wickieur Lane Address 1 Address 2 (optional) Address 2 (optional) ΑZ ΑZ 85050 chy Phoenix State City State **4.3** REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: 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 If you answered "No" to number 5.1, give the physical or street address (not a P.O. 5.2 Box) of the known place of business of the LLC in Arizona: Brush & Nib Studio, LC Attention (optional) 19815 N. Address 2 (optional) AZ Glendale 85308 State or Country Glendale

U.S.A.

85308

Province

	The LLC's life period will end on ti	his date:	(enter a date)
	The LLC's life period will end upor		
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СОМ	PLETE NUMBER 7 OR NU	MBER 8 – NOT E	зотн.
LL co m	.C will be vested in a manager or empany) and complete and attact	managers (meaning n ONLY the <u>Manager</u> ted on the Manager S	check this box if management of the gone or more managers will run the <u>Structure Attachment form L040</u> . (Bot Structure Attachment.) <i>The filing will be</i>
LL th <u>St</u>	.C will be reserved to the membe	rs (meaning all mem ating otherwise), and All members will be	
is t inc	the Organizer - list the name of t	:he Organizer below. Organizer is a pre-exi	e-existing entity submitting this docum If the Organizer is an individual, that isting entity, provide the signature of t il's name.
	The person signing below	ined within this docum	ent together with any
	that the information conta attachments is true and co Arizona law,	rrect, and is submitted	
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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.

Fax:

602-542-4100

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## **MEMBER STRUCTURE ATTACHMENT**

	in it it it it it it it is it		THE FFC (1014)	ign LLCs –	give name in domicile s	state or countr	γ):
<u>_Br</u>	rush & Nib Studio, 1	<u>LC</u>		<del></del>			
2. A.C.I Find t	.C. FILE NUMBER (if kn the A.C.C. file number on th	iown): he upper corner	r of filed docume	ents OR on o	our website at: http://www	r.azcc.gov/Divisk	ons/Corporations
Attac	4BERS - give the name chment form.	and address	of <b>all Membe</b> i		e space is needed, use	another <u>Memb</u>	er Structure
Joanna E. Duka			Breanna K. Koski Name 19815 N. 36th Drive Address 1				
3225 E. Wickieup Lane Address 1							
Address 2 (o)		<del></del>	· ·		2 (optional)		
Phoenix	×	AZ	85050	Glend	• .	AZ	85308
Country U	United States	State or Province	Zip	City	United States	State or Province	Zip
Name				4. Name	····		
Address 1				Address 1			
Address 2 (op	ptional)			Address 2	(optional)		
Country		State or Province	Zlp	City		State or Province	Zip
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Vame				Name			
Address 1				Address 1			<del>-</del>
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Name	****			18.			
Address 1				Name Address 1			
Address 2 (opl	tional)			Address 2	(optional)		
City		- State or Province	Zip	City		State or Province	Zip

Country

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## STATUTORY AGENT ACCEPTANCE

	Please	e reac	i instructions <u>M002</u>	<u>;</u> .						
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):  Brush & Nib Studio, LC									
2.	2. 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:									
	Joanna E. Duka									
3.	STATUTORY AGENT SIGNATURE:									
	By the signature appearing below, the individual or entity named in number 2 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 informa contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.										
` 4										
Signa		anna	F. Duka_	05/21/2015						
	UIRED - check only one:	IIICO NEI		Date						
Ø	Individual as statutory agent: I am signing on behalf of myself as the individua (natural person) named as statutory agent.		behalf of the en	tory agent: I am signing on tity named as statutory agent, rized to act for that entity.						
Exp	ng Fee: none (regular processing) edited processing – not applicable. fees are nonrefundable - see Instructions.	Mail: Fax:	Arizona Corporation ( 1300 W. Washington 602-542-4100	Commission - Corporate Filings Section St., Phoenix, Arlzona 85007	1					

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