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AZ CORPORATION COMMISSION
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MAY 11 2015

JUN 17 2015

AZ CORPORATION COMMISSION
FILEDFILE NO. L-2005312-3FILE NO. L-2005312-3

JUN 11 2015

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

ARTICLES OF ORGANIZATION

Read the Instructions L0101

FILE NO. L-2005312-3

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 L0101 for full naming requirements - give the exact name of the LLC

WICKED CITY Brew, 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 L0101

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):

Statutory Agent Name Laree RandleAttention (optional) 4552 E. Ghorridger Wy

Address 1

Attention (optional) Laree RandleAddress 1 P.O. Box 5204Address 2 (optional) KimrockAZ
StateZip 86335Address 2 (optional) Lake MontezumaAZ
StateZip 86342

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) <u>WICKED CITY Brew LLC</u>		
Address 1 <u>403 CLARK ST, A3</u>		
Address 2 (optional) <u>Jerome</u>		
City	State or Province	Zip
<u>Jerome</u>	<u>AZ</u>	<u>86331</u>
Country <u>U.S.A.</u>		

DO NOT WRITE ABOVE THIS LINE. RESERVED FOR A.C.C. USE ONLY

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002.

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):

Wicked City Brew, LLC.

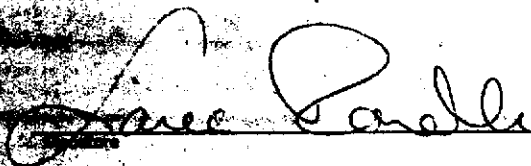
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** – the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Laree Randic

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 information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Laree Randic
Printed Name

6-4-15
Date

REQUIRED – check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<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 – not applicable.
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.

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.*

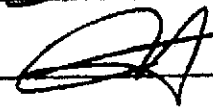
9. **ORGANIZERS and SIGNATURE** - the individual or pre-existing entity submitting this document is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual 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: _____

John Bartell

Signature _____



Date _____

5/6/15

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

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DO NOT WRITE ABOVE THIS LINE. RESERVE IT FOR ATTACHMENTS

MEMBER STRUCTURE ATTACHMENT

- 1. ENTITY NAME** - Give the exact name of the LLC (foreign or domestic) as it appears on the state or country's public records.
Wicked City Brew, LLC
- 2. A.C.C. FILE NUMBER** - If registered, give the A.C.C. file number of the document that created the LLC.
 Find the A.C.C. file number on the upper corner of the document that created the LLC.
- 3. Check one box only to indicate what document the Attachment goes with:**

<input checked="" type="checkbox"/> Articles of Organization	<input type="checkbox"/> Articles of Amendment
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> Articles of Amendment to Registration
- 4. MEMBERS** - Give the name and address of all Members. If there is more than one member, repeat the information for each member.

John Bartell			
Name		Name	
1299 W. Littleton Blvd.			
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
Littleton	Co	80120	Address 3 (optional)
City	State or Province	Zip	Address 4 (optional)
Country	<input checked="" type="checkbox"/> UNITED STATES	<input type="checkbox"/>	Country
Name		Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State or Province	Zip	Country
Country	<input type="checkbox"/>	<input type="checkbox"/>	Country
Name		Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State or Province	Zip	Country
Country	<input type="checkbox"/>	<input type="checkbox"/>	Country