AZ CORPORATION COMMISSION FILED

SEP 0 9 2015



L-2031752-0

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ARTICLES OF ORGANIZATION

				Read the	Instruction	s <u>L010i</u> -			
1.	ENTITY	TYPE – check	only	one to indicate	the type o	f entity b	eing forn	ned:	
	(en the	ITED LIABILITY C tity name must conta words "Limited Liabi mpany" or "LLC")	ain	,	entity n	ame must co	MITED LIAB entain the wor Liability Com	rds	DMPANY
2.	ENTITY	NAME – see In	structio	ons L010i for full	naming requ	irements	– give the	exact r	name of the LLC:
	B	ake E	lect	ric Lic.					
3.	checked in			TABILITY COM the professional se					
_		NOV 4 CENT (r 4	1010		
4.				ice of proces					
	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):					
Statu	<u>ATEN V</u> itory Agent Name	Nontgome	ry						
Atten	tion (optional)	.1: . 1 ->1			Attention (option	ial)			
Addre	162 N. ess 1	Nidito Pla	ce		Address 1				
	ess 2 (optional)		AZ	Copy in the same	Address 2 (optio	nal)		AZ	
City	<u> </u>		State	zip 85705	City	<u>.</u>		State	Zip
	4.3 REQUII	RED— the <u>Statutor</u> y	/ Agent .	Acceptance form M	002 must be s	ubmitted a	long with th	nese Arti	cles of Organization
5.	ARTZON	A VNOWN DI	ACE O	F BUSINESS A	DDBESS				
J.	5.1 Is sta	the Arizona kn atutory agent?	own pl	ace of business Yes – go to nur No – go to nur	address th nber 6 and nber 5.2 ar	continue Id continu	ie		
				to number 5.1, te of business o				addre:	ss (not a P.O.
		Attention (optional)				·			
	-	Address 1			·				
	-	Address 2 (optional)	· • · · · · · · · · · · · · · · · · · ·			AZ			
		City	U.S	.A.		State or Province	Zip		

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 filling 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 filling will be rejected if it is submitted without the attachment. 9. ORGANIZERS and SIGNATURE - the individual or pre-existing entity submitting this documer is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that 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: Set S R Rounds Printed Name (if different from Organizer)	6.	section			perpetual (forever), then skip this e, check only one box below <i>and</i> fill in	
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Organizer: Organizer: Organizer: Organizer: Organizer: Obsolve R Ramos G-9-15 Date	9.	is the C individu	rganizer - list the name of th al must sign below. If the Or	e Organizer below. If ganizer is a pre-exist	the Organizer is an individual, that englished the signature of the	-
9-9-15 Date			that the information contain attachments is true and cor	ned within this documer	nt together with any	
Signature	Or	ganizer:	Jesos R To	-amos		-
Signature					9-9-15	
Printed Name (if different from Organizer)	Sig	nature				-
	Prin	ited Name	(if different from Organizer)	 		-
			·			

Filing Fee: \$50.00 (regular processing) Expedited processing – add \$35.00 to filing fee. Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. Fax: 602-542-4100

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

MEMBER STRUCTURE ATTACHMENT

Bla	Ke Electi	eic LL	<u>C</u>	<u>,</u>	
A.C.C. FILE NUMBER Find the A.C.C. file numb	t (if known):er on the upper corner	r of filed documer	nts OR on our website at: http://	/www.azcc.gov/Divisio	ns/Corporation
MEMBERS – give the <u>Attachment</u> form.	name and address	of all Member	s. If more space is needed,	use another <u>Memb</u>	er Structure
-F (C)			2.		
JESOS KAMOS	<u> </u>		Name		
JESOS Rymos 4162 N. Nid Idress 1	ito 81		Address 1		
dress 2 (optional)	0.2	2153.65	Address 2 (optional)		
TUCSON US	State or Province	21p	City	State or Province	Złρ
			4.		
ne			Name		
dress 1			Address 1		
dress 2 (optional)			Address 2 (optional)		
y untry	State or Province	Zip	City Country	State or Province	Zip
			6.		
ame		 r	Name		
dress 1			Address 1		
ddress 2 (optional)	:		Address 2 (optional)		
ty	State or Province	Ζiρ	Country	State or Province	Zip
ountry I	and the second s		8.		
ame			Name		
ddress 1	<u></u>		Address 1		
ddress 2 (optional)	· · · · · · · · · · · · · · · · · · ·	·	Address 2 (optional)	<u> </u>	

City

Country

State or Province

Country

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State or Province 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 (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation): Blake Electric 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 <i>either</i> an individual or an entity). <i>NOTE</i> - 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:					
	Karen Montgomerry					
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 <i>under penalty of perjury</i> that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.					
Sig	Karen Montgomery - taren Montgómery 9-9-15 Printed Name Printed Name					
RE	QUIRED – check only one:					
P	Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. 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.					
<u> </u>						
E	ling Fee: none (regular processing) kpedited processing – not applicable. I 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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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.