

JUL 31 2015

FILE NO. L-20111944

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**
(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 L010i for full naming requirements – give the exact name of the LLC:

PULLMAN DEVELOPMENT, 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 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):	
Sandy Gardner Statutory Agent Name			
Attention (optional) 46751 Hwy 60 Address 1		Attention (optional)	
Address 2 (optional) City SALOME State AZ Zip 85348		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)			AZ CORPORATION COMMISSION FILED		
Address 1					
Address 2 (optional)			JUN 05 2015		
City Country U.S.A.			L-20111944 FILE NO.		

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: _____

Signature _____

Date

6/1/2015

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

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) 800-345-5818.

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:

PULLMAN DEVELOPMENT

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):

SANDY GARDNER

- 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

Sandy Gardner
Signature

Printed Name

SANDY GARDNER 7/17/15
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 – 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.

MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

Pullman Development

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. **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. Use one block per person. 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.

1. Name <u>Sonia Sohn</u>		2. Name 	
Address 1 <u>341 Blackfield Dr.</u>		Address 1 	
Address 2 (optional) 		Address 2 (optional) 	
City <u>Tiburon</u>	State or Province <u>CA</u>	City 	State or Province
Zip <u>94920</u>		Zip 	
Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member	
3. Name 		4. Name 	
Address 1 		Address 1 	
Address 2 (optional) 		Address 2 (optional) 	
City 	State or Province 	City 	State or Province
Zip 		Zip 	
Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member	
5. Name 		6. Name 	
Address 1 		Address 1 	
Address 2 (optional) 		Address 2 (optional) 	
City 	State or Province 	City 	State or Province
Zip 		Zip 	
Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member	