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AZ CORPORATION COMMISSION FILED.

FILE NO.L-2023454. 7

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

## **ARTICLES OF ORGANIZATION**

Read the Instructions L010i

FILE NO. L-20234547

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			
	DeSerio Global Ventures IIC				

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. STAT	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:				<b>4.2</b> OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):				
Statutory Agent Name Lou DeSerio								
Attention (optional)			Attention (option	onal)				
Address 1 75 Pinon Jay Way			Address 1					
Address 2 (option Sedo:	•	AZ State	zip 86336	Address 2 (opti	onal)	AZ State	Zip	
<b>4.3</b> RE	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 kno	wn p	place of business address the same as the <b>street address</b> of the
	statutory agent?		Yes – go to number 6 and continue
		$\odot$	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)			
Address 1			
101 North State Route 89A			
Address 2 (optional)			
Suite D17	AZ	86336	
L			
City	State or Province	Zip	
Country Sedona U.S.A.	Province		

6. DURATION – if the duration or life period of section and continue to number 7 or number 8 the corresponding blank:	the LLC is perpetual (forever), then skip this 3. Otherwise, check only one box below <i>and</i> fill in
The LLC's life period will end on this date:	(enter a date)
The LLC's life period will end upon the occurrer	nce of this event: (describe an event)
	Manager Structure Attachment.) The filing will be
	g all members will run the company together if rwise), and complete and attach ONLY the Member rs will be listed on the Member Structure
is the Organizer - list the name of the Organiz	dual or pre-existing entity submitting this document zer below. If the Organizer is an individual, that is a pre-existing entity, provide the signature of the individual's name.
The person signing below declares an that the information contained within attachments is true and correct, and i Arizona law.	this document together with any
Organizer: Adam DeScrio	
Adam - De Carine	August 14, 2015
Signature	Date
Printed Name (if different from Organizer)	
Filing Fee: \$50.00 (regular processing)	Mail: Arizona Corporation Commission Corporate Filings Section
Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	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 ACCUSE ONLY.

## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	<b>ENTITY NAME</b> – give the <b>exact</b> name in A Statutory Agent (this must match exactly the statutory agent, e.g., Articles of Organization	ne nai	me as listed on the do	ocument appointing	
	DeSerio Global Ventures, LLC				
2.	STATUTORY AGENT NAME – give the executive listed in number 1 above (this will be must match exactly the statutory agent na statutory agent (e.g. Articles of Incorporationitial or suffix:	e <i>eithe</i> ame a	er an individual or an is listed in the docume	entity). NOTE - the i	name e
	Lou DeSerio				
					<del> </del>
3.	STATUTORY AGENT SIGNATURE:				
	By the signature appearing below, the indivaccepts the appointment as statutory agent acknowledges that the appointment is effect agent or the statutory agent resigns, which The person signing below declares and cert contained within this document together with the contained of the statutory agent resigns.	: for ti tive u ever « ifies <i>u</i>	he entity named in nu intil the appointing er occurs first. under penalty of perju	umber 1 above, and natity replaces the standard that the informations are the informations.	-
	submitted in compliance with Arizona law.				
	Two Doles 1	.ou D	eScrio		Aug. 15, 2015
Œ.	metro M	inted Nen	ne		Date
RE	QUIRED - check only one:				
	Individual as statutory agent: I am		Entity as statuto	ory agent: I am sig	ning on
-	signing on behalf of myself as the individua			y named as statutor	
Ĺ	(natural person) named as statutory agent	<u> </u>	and I am authoriz	ed to act for that en	tity.
Fill	ng Fee: none (regular processing)	Mail:	Arizona Corporation Co.	mmission - Corporate Fili	ngs Section
Ex∣	pedited processing - not applicable.		1300 W. Washington St	, Phoenix, Arizona 8500	
1 84	fees are nonrefundable - see Instructions.	Fax:	602-542-4100		

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## **MEMBER STRUCTURE ATTACHMENT**

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

- 2. A.C.C. FILE NUMBER (if known): L-2023454-7
  Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <a href="http://www.azcc.gov/Divisions/Corporations">http://www.azcc.gov/Divisions/Corporations</a>
- 3. **MEMBERS** give the name and address of **all Members**. If more space is needed, use another <u>Member Structure</u> <u>Attachment</u> form.

Address   Addr							
Name	Adam DeSerio			2.			
Address 2 (optional)				Name			
Address 2 (optional)	75 Pinon Jay Way						
Address 2 (optional)	Address 1			Address 1			
Sedona				ļ			
Sedona	Address 2 (optional)	1	1	Address 2	(optional)		T
City Province  State or Province  Country  Address 1  Address 2 (optional)  Address 2 (optional)  City Province  State or Province  Country  Address 2 (optional)  Address 1  Address 2 (optional)		AZ	86336			<u> </u>	
Country   Country	707		Zip	City		State or	Zip
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