AZ CORPORATION CUBINISSION FILED

AZ GORPORATION COMMISSION

AZ Corp. Commission 05190698

SEP 0 1 2015

SEP 1 7 2015 FILE NO. L-2030607

ARTICLES OF ORGANIZATION Read the Instructions LOID! 1. ENTITY TYPE - check only one to Indicate the type of entity being formed: LIMITED LIABILITY COMPANY (entity name must contain the words "Instructions" or "Ins				. =	LINE; RESERVED FOR ACC USE ONLY	-	
I. ENTITY TYPE - check only one to indicate the type of entity being formed: LIMITED LIABILITY COMPANY (entity name must contain the words "I-mitted Liability Company" or "Professional Limited Liability Company" or "PLLC") PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional United Liability Company" or "PLLC") PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES - give the exact name of the LLC: ARIZONA QUALITY NURSING SERVICES LLC 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 LO10i			A				
LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company" or "LLC") 2. ENTITY NAME — see Instructions L010i for full naming requirements — give the exact name of the LLC: ARIZONA QUALITY NURSING SERVICES 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: AMBER HAWKINS Statutory Agent Name Attention (optional) Address 1 3011 W CAVALRY DR Address 2 (optional) AZ S5086 Address 2 (optional) AZ State Zip PHOENIX State PHOENIX PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words (entty name must contain the words "PLC") PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES — If and only if professional LLC is the exact name of the LLC: ARIZONA QUALITY NURSING SERVICES LLC 4.2 OPTIONAL — mailing address in Arizona of Statutory Agent (can be a P.O. Box): Address 2 (optional) Address 2 (optional) Address 2 (optional) AZ State State Zip							
LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company" or "LLC")	L.	ENTITY TYPE - check	only (one to indicate	the type of entity being	ng formed:	
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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: AMBER HAWKINS Statutory Agent Name Altention (optional) Address 1 3011 W CAVALRY DR Address 2 (optional) AZ 85086 State PHOENIX ALTERIAN BER HAWKINS Address 2 (optional) AZ 85086 Zip City City ACC State Zip	3.	checked in number 1 above, d	rED LI escribe	ABILITY COM the professional se	PANY SERVICES - If rvices that the professional	and only if profe LLC will provide (ssional LLC is examples: law
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: AMBER HAWKINS Statutory Agent Name Altention (optional) Address 1 3011 W CAVALRY DR Address 2 (optional)	4	STATUTORY AGENT fo	r serv	rice of process	- see Instructions LO	10i	
AMBER HAWKINS Statutory Agent Name Attention (optional) Address 1 Address 1 3011 W CAVALRY DR Address 2 (optional) AZ 85086 PHOENIX State Zip City City State Zip		4.1 REQUIRED – give the an Arizona resident or entity) and physical	name (d an Arizo or stree	can be ona-registered et address (not a	4.2 OPT!ONAL 1	mailing address ir	n Arizona :(xo 8 .O.
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	City	PHOENIX					
	5.	5.1 Is the Arizona kn statutory agent?	nown p	lace of busines Yes - go to nu No - go to nu to number 5.1.	s address the same as mber 6 and continue mber 5.2 and continue give the physical or	:	
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. Box) of the known place of business of the LLC in Arizona:		Attention (optional)				<u></u>	

ΑZ State or Province

Address 1

City

Address 2 (optional)

U.S.A.

6.	DURATION – if the duration or life period section and continue to number 7 or number the corresponding blank:	of the LLC is er 8. Otherw	perpetual (forever), then skip this se, 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 occur	rence of this e	rent: (describe an event)
CC	OMPLETE NUMBER 7 OR NUMBER	B – NOT I	30ТН.
7.	MANAGER-MANAGED LLC – <u>see Instructor</u> LLC will be vested in a manager or manage company) and complete and attach ONLY to members and managers will be listed on the rejected if it is submitted without the attack.	ers (meaning the <u>Manager</u> ne Manager t	one or more managers will run the Structure Attachment form L040. (Both
8.	MEMBER-MANAGED LLC – <u>see Instruction</u> LLC will be reserved to the members (mean there is no operating agreement stating of the Structure Attachment form LO41. (All mem Attachment.) The filing will be rejected if it	ning all mer herwise), ar ibers will be	d complete and attach ONLY the <u>Member</u> listed on the Member Structure
9.	ORGANIZERS and SIGNATURE - the ind is the Organizer - list the name of the Organize individual must sign below. If the Organize individual acting for that entity, then print	anizer below er is a pre-ex	isting entity, provide the signature of the
	The person signing below declares that the information contained with attachments is true and correct, an Arizona law.	hin this docui	nent together with any
Or	rganizer: AMBER HAWKINS		
	amber Hamking		8-28-15
Sig	gnature		Date
Pri	inted Name (if different from Organizer)		
Exp	ng Fee: \$50.00 (regular processing) edited processing – add \$35.00 to filing fee. fees are nonrefundable - see Instructions.	Mail: Fax:	Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 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.

STATUTORY AGENT ACCEPTANCE

Please read Instructions MOO2i

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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): ARIZONA QUALITY NURSING SERVICES LLC
2.	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:
	AMBER HAWKINS
3.	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 perfury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.
	Combes Hawkins 8-18-15
RE	QUIRED - check only one:
×	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>	fineters, beroally without an annual angular of
Ex	ling Fee: none (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section (pedited processing - not applicable. 1300 W. Washington St., Phoenix, Arizona 85007 I fees are popperfundable - see Instructions. 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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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

MEMBER STRUCTURE ATTACHMENT

1.	ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country):	
	ARIZONA QUALITY NURSING SERVICES LLC	_

- 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. MEMBERS give the name and address of all Members. If more space is needed, use another Member Structure Attachment form.

a. AMBER HAWKINS	<u>., , , , , , , , , , , , , , , , , , , </u>		2.		
Name		······································	Name		
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3011 W CAVALRY DR			Address 1		
Address 1			Address 1		
Address 2 (optional)	1		Address 2 (optional)		
PHOENIX	AZ	85086		<u> </u>	
City	- State or	Zlp	City	State or Zip	
UNITED STATES	Province	- ,p		Province	
Country	. !		Country		
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Address 2 (optional)	T		Address 2 (optional)		
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Name			6. Name		
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Address 2 (optional)	State or Province	ZIp	Address 1 Address 2 (optional)	State or Zip Province	
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