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SEP 01 2015

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FILE NO. L-20306070

FILE NO. L-2030607-0

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**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:

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)

City PHOENIX

AZ

State

85086

Zip

**4.2 OPTIONAL** – mailing address in Arizona of Statutory Agent (can be a P.O. Box):

Attention (optional)

Address 1

Address 2 (optional)

City

AZ

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)		
Address 1		
Address 2 (optional)		AZ
City		State or Province
Country		Zip
U.S.A.		

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: AMBER HAWKINS

Amber Hawkins

Signature

8-28-15

Date

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) 800-345-5819.

## 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):

ARIZONA QUALITY NURSING SERVICES 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:

AMBER HAWKINS

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.

Amber Hawkins  
Signature

AMBER HAWKINS  
Printed Name

8-28-15  
Date

**REQUIRED** – check only one:

<input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> <b>Entity as statutory agent:</b> 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.

Mall: Arizona Corporation Commission – Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
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):

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.

<b>1.</b> <b>AMBER HAWKINS</b> Name <b>3011 W CAVALRY DR</b> Address 1 Address 2 (optional) <b>PHOENIX</b> City <b>UNITED STATES</b> Country AZ State or Province 85086 Zip	<b>2.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country
<b>3.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country	<b>4.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country
<b>5.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country	<b>6.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country
<b>7.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country	<b>8.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country