AZ CORPORATION COMMISSION FILED

SEP 0 9 2015



JUL 15 2015

FILE NO. L=2019224.3

INTEGRITY INTERIORS 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 LO10i 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: CHARLES R PLASKETT Seaturary Agent Name Witention (optional) OSI S DOBSON RD #55 Wideres 2 (optional) AZ State Zp Cty State Zp 4.3 REQUIRED— the Statutory Agent Acceptance form MO02 must be submitted along with these Articles of Organization of Statutory agent? — Yes — qo to number 5.2 and continue No — go to number 5.2 and continue 1. No — go to number 5.2 and continue 1. No — go to number 5.2 and continue 1. No — go 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: 1. INTEGRITY INTERIORS LLC Address 2 (optional) 1. Address 2 (optional) 1. Address 3 (optional) 1. Address 2 (optional) 1. Address 3 (optional) 1. Address 2 (optional) 1. Address 3 (optional)			DO NOT WRITE A	BOVE THIS LINE; RESER	AFD LOK WOT DRE	UNLY.		
L. ENTITY TYPE - check only one to indicate the type of entity being formed:			ARTICL	ES OF ORG	ANIZATI	ON		
Imited Liability Company (entity name must contain the words "Imited Liability Company" or "LiC") PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional Limited Liability Company" or "LiC") 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 L010; 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: CHARLES R PLASKETT Middless 2 (optional)			Re	ad the Instruct	ions L010i			
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(entity name must contain the words "united Lability Company" or "LLC") 2. ENTITY NAME — see Instructions L010i for full naming requirements — give the exact name of the LLC INTEGRITY INTERIORS 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: CHARLES R PLASKETT Subvery Agent Name Miterion (rightonal) Address 1 Address 2 (optional) Address 2 (optional) AREQUIRED— the Statutory Agent Acceptance form MOO2 must be submitted along with these Articles of Organization of the Kingle of the Statutory agent on number 6 and continue B 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: NEGRITY INTERIORS LLC Address 2 (optional) AZ AZ AZ AZ AZ AZ AZ A	.,		-					
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		City Country	U.S.A.		State or Province	Zip		

6. DURATION - if the duration or life period of section and continue to number 7 or number the corresponding blank:	of the LLC is perpetual (forever), then skip this r 8. Otherwise, check only one box below and fill in
The LLC's life period will end on this date:	(enter a date)
The LLC's life period will end upon the occurr	
COMPLETE NUMBER 7 OR NUMBER 8	S – NOT BOTH.
LLC will be vested in a manager or manager company) and complete and attach ONLY the	ons L010i - check this box if management of the rs (meaning one or more managers will run the ne Manager Structure Attachment form L040. (Both e Manager Structure Attachment.) The filing will be nament.
LLC will be reserved to the members (mean	
is the Organizer - list the name of the Organ	vidual or pre-existing entity submitting this document nizer below. If the Organizer is an individual, that is a pre-existing entity, provide the signature of the the individual's name.
The person signing below declares a that the information contained with attachments is true and correct, and Arizona law.	
Organizer: DERRICK HELTON	
D	07-10-15
Signature	Date
Printed Name (if different from Organizer)	
Filing Fee: \$50.00 (regular processing) Expedited processing – add \$35.00 to filing fee.	Mail: Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St. Phoenix Arizona 85007

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.

Fax:

602-542-4100

All fees are nonrefundable - see Instructions.

1300 W. Washington St., Phoenix, Arizona 85007

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

MEMBER STRUCTURE ATTACHMENT

1.	ENTITY NAME – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):					
	INTEGRITY INTERIORS LLC					
2.	A.C.C. FILE NUMBER (if known):					
	Find the A.C.C. file number on the upper corner of filed documents OD on our website at: http://www.azcc.com/Divisions/Cornerations					

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.

								
DEDDICK HELTON			DAVID CLING					
DERRICK HELTON Name				DAVID GUNS				
1331 N WESTWOOD CIR				1331 N WESTWOOD CIR				
Address 1			Address 1	N WESTWOOD C	-11\			
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Country	Province		Country	<u> </u>	Province			

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

STATUTORY AGENT ACCEPTANCE Please read Instructions M002i

	Please read Instructions MUUZI					
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): INTEGRITY INTERIORS LLC					
2.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the must match exactly the statutory agent name as listed in the document that appoints to statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any initial or suffix:	e name he				
	CHARLES R PLASKETT	A PART OF THE PART				
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 perjury that the information contained within this document together with any attachments is true and correct, and is submitted in Compliance with Arizona law.					
/	CHARLES R PLASKETT	06/16/2015				
	printed Name	Date				
	 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 behalf of the entity named as statutory agent. Individual as statutory agent: I am behalf of the entity named as statutory agent. 	ory agent,				
L	America bergary names as seems / -3	regional and the second se				
Ex	lling Fee: none (regular processing) Mail: Arizona Corporation Commission - Corporate I specified processing - not applicable. If food are properly indable - see Instructions. Fax: 602-542-4100	filings Section 1007				

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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M002.003 Rev: 9/2014