



FILED: 10/1/2015 9:32:21 AM

FILE #: L20370487

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

**ARTICLES OF ORGANIZATION**1. **ENTITY TYPE:** LIMITED LIABILITY COMPANY2. **ENTITY NAME:** TOI REAL ESTATE LLC3. **FILE NUMBER:** L203704874. **STATUTORY AGENT NAME AND ADDRESS:**

Street Address:

JEONG LAW PLLC

4061 E. VIA DEL VIREO

TUCSON, AZ 85718

Mailing Address:

**AZ CORPORATION COMMISSION  
FILED**

OCT 07 2015

**FILE NO. L-20370487****AZ CORPORATION COMMISSION  
FILED**

OCT 01 2015

**FILE NO. L-20370487**5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**333 E. Wetmore Rd  
TUCSON, AZ 857056. **DURATION:** Perpetual7. **MANAGEMENT STRUCTURE:** Manager-Managed

The names and addresses of all Managers are:

*Please see attached Form.*8. **EXPEDITE FEE:** Yes**ORGANIZER:** Annie Jeong

10/1/2015

  
*Signature*

**MANAGER STRUCTURE ATTACHMENT**

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

2. **A.C.C. FILE NUMBER** (if known): L20370487  
 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.

<p>1. William Prickett, M.D.</p> <p>Name 6320 N. La Cholla Blvd #200</p> <p>Address 1 Tucson Orthopedic Institute</p> <p>Address 2 (optional) Tucson AZ 85741</p> <p>City State or Province Zip UNITED STATES</p> <p>Country <input type="checkbox"/> 20% or more member  <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member</p>	<p>2. Gerard Jeong, M.D.</p> <p>Name 5301 E. Grant Road</p> <p>Address 1 Tucson Orthopedic Institute</p> <p>Address 2 (optional) Tucson AZ 85712</p> <p>City State or Province Zip UNITED STATES</p> <p>Country <input type="checkbox"/> 20% or more member  <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member</p>
<p>3. Jeffrey Baron, M.D.</p> <p>Name 5301 E. Grant Road</p> <p>Address 1 Tucson Orthopedic Institute</p> <p>Address 2 (optional) Tucson AZ 85712</p> <p>City State or Province Zip UNITED STATES</p> <p>Country <input type="checkbox"/> 20% or more member  <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member</p>	<p>4. Eric Anctil, M.D.</p> <p>Name 5301 E. Grant Rd.</p> <p>Address 1 Tucson Orthopedic Institute</p> <p>Address 2 (optional) Tucson AZ 85712</p> <p>City State or Province Zip UNITED STATES</p> <p>Country <input type="checkbox"/> 20% or more member  <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member</p>
<p>5. John Maltry, M.D.</p> <p>Name 6320 N. La Cholla Blvd #200</p> <p>Address 1 Tucson Orthopedic Institute</p> <p>Address 2 (optional) Tucson AZ 85741</p> <p>City State or Province Zip UNITED STATES</p> <p>Country <input type="checkbox"/> 20% or more member  <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member</p>	<p>6.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country <input type="checkbox"/> 20% or more member  <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member</p>

## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

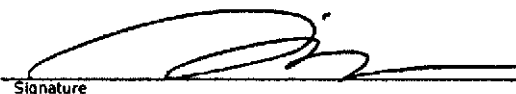
1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):  
TOI REAL ESTATE LLC

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:  
Jeong Law PLLC

### 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.

  
Signature

Annie Jeong  
Printed Name

10/5/2015  
Date

**REQUIRED** – 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.

Filing Fee: none (regular processing)  
Expedited processing – not applicable.  
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.