AZ CORPORATION COMMISSION
FILED

SEP 2 3 2015

FILE NO. L20242057

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AUG 0 5 2015

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FILE NO. L20242057

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

ARTICLES OF ORGANIZATION

Read the Instructions L010i

1. ENTITY TYPE – check only one to indicate the type of entity being formed:

- [x] 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:

The Outside In Massage Therapy, 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:			4.2 *OPTIONAL* – mailing address in Arizona of Statutory Agent (can be a P.O. Box):		
Virginia Haviland Statutory Agent Name					
Attention (optional)			Attention (optional)		
60 E. Anita Ave #1201 Address 1			Address 1		
Address 2 (optional) City Flagstaff	AZ State	86005 Zip	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?

- [x] 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 Country USA	State or Province	Zip

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: Virginia Haviland

Signature

09/21/15
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

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MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
   The Outside In Massage Therapy, 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. **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.

1. Virginia Haviland Name Address 1: 60 E. Anita Ave #1201 Address 2 (optional) City: Flagstaff State or Province: AZ Zip: 86005 Country: UNITED STATES ☑ Manager ☐ 20% or more member ☐ Less than 20% member	2. Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member
3. Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member	4. Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member
5. Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member	6. Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member

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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):

   The Outside In Massage Therapy, 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:

   Virginia Haviland

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	Virginia Haviland Printed Name	09/21/14 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.

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CORPORATIONS DIVISION

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CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1. WHAT ARE YOU FILING?

☐ New Entity ☐ Change to existing entity ☒ Re-submission/Correction

2. ENTITY NAME:

The Outside In Massage Therapy, LLC

3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee *(fees are listed on the bottom of the form or on the fee schedule)*			Subtotal:	
Do you want EXPEDITED processing?	☐ YES	☐ NO	If YES, add $35.00	Subtotal:
☐ Corporation certified copies	$ 5.00 each x	(enter number of copies requested)	Subtotal:	
☐ LLC certified copies	$10.00 each x	(enter number of copies requested)	Subtotal:	
☐ Certificate of Good Standing	$10.00 each x	(enter number of copies requested)	Subtotal:	
TOTAL YOUR AMOUNT OWED			TOTAL AMOUNT DUE:	✓

4. PAYMENT METHOD:

☐ MOD Account #

Cash - do not mail cash. Cash may be used only for in-person submittals.
Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).
Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

☒ Email	Email address: GINGERHAVILAND43@GMAIL.COM		
☐ Pick up	Name:		Phone:
☐ Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ **DATE:** _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

ARIZONA CORPORATION COMMISSION

THE OUTSIDE IN MASSAGE THERAPY, LLC
VIRGINIA HAVILAND
60 E ANITA AVE
#1201
FLAGSTAFF, AZ 86005

Effective Date: 10/20/2015
File No: L-2024205-7

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is **REJECTED** and is being returned for the following reasons:

Please choose a management structure (#7 OR #8) on page 2 of the Art. of Organization.

The Statutory Agent Acceptance page is incomplete. At the bottom of the page please check the box that applies to the statutory agent that is listed in #2.

IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the $35.00 expedite fee when you resubmit the document.

Please Note: Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division (all pages must be legible):

1. A copy of this letter;
2. All pages of the rejected document with corrections OR a complete, signed, corrected document;
3. A NEW cover sheet indicating resubmission; and
4. Any additional paperwork or filing fees, as requested within

this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO http://ecorp.azcc.gov. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

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CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

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The Outside In Massage Therapy, LLC

3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee *(fees are listed on the bottom of the form or on the* fee schedule*)*			Subtotal:	50.00
Do you want EXPEDITED processing?	☐ YES	☑ NO	If YES, add $35.00	Subtotal:
☐ Corporation certified copies	$ 5.00 each x	(enter number of copies requested)		Subtotal:
☐ LLC certified copies	$10.00 each x	(enter number of copies requested)		Subtotal:
☐ Certificate of Good Standing	$10.00 each x	(enter number of copies requested)		Subtotal:
TOTAL YOUR AMOUNT OWED			**TOTAL AMOUNT DUE:**	

4. PAYMENT METHOD:

☐ MOD Account #

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Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

☑ Email	Email address: gingerhaviland43@gmail.com		
☐ Pick up	Name:	Phone:	
☐ Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ **DATE:** _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

10/22/15