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DOCUMENT # 05287994

FILE #: L20441687

DO NOT WRITE ABOVE THIS LINE: RESERVED FOR A/C USE ONLY.

ARTICLES OF ORGANIZATION1. **ENTITY TYPE:** LIMITED LIABILITY COMPANY2. **ENTITY NAME:** URSKINBAR LLC3. **FILE NUMBER:** L204416874. **STATUTORY AGENT NAME AND ADDRESS:**

Street Address:

TAYLOR LANE MACKENZIE

7025 E. VIA SOLERI DR. #4069

SCOTTSDALE, AZ 85251

Mailing Address:

AZ CORPORATION COMMISSION
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FILE NO. L-204416875. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

7105 E. FIRST AVE SUITE 10

SCOTTSDALE, AZ 85251

6. **DURATION:** LLC's life period will end on occurrence of this event: Until Statutory Agent Closes LLC7. **MANAGEMENT STRUCTURE:** Member-Managed

The names and addresses of all Members are:

1 TAYLOR LANE MACKENZIE

7025 E. VIA SOLERI DR. #4069

SCOTTSDALE, AZ 85251

AZ CORPORATION COMMISSION
FILED

OCT 30 2015

FILE NO. L-204416878. **EXPEDITE FEE:** Yes**ORGANIZER:**Taylor Lane MackenzieT. Mackenzie

10/30/2015

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):

URSKINBAR LLC

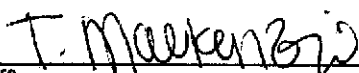
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Taylor Lane Mackenzie

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.

	Taylor Lane Mackenzie	11/10/2015
Signature	Printed Name	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.
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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
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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.