



APR 1 2 2016

MAY 1 7 2016

FILE NO. L2083991-2 FILE NO. L2083991-2

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

## ARTICLES OF ORGANIZATION

**DO NOT PUBLISH  
THIS SECTION**

(NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional services. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.)

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "LLC," "L.C.," "LLC," or "LC." The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.LLC," "P.L.C.," "PLLC," or "PLC."

2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent must sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

☒ ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)

☐ ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-641.01)

**1. The name of the organization:**

A. LLC Name Reservation File Number (if one has been obtained). If not, leave this line blank  
PERKINS 44009, LLC  
B. Limited Liability Company Name

**2. Known place of business in Arizona** (If address is the same as the street address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)

Address 44009 N. 44th Ln  
City New River State AZ Zip 85087-5831

**3. The name and street address of the statutory agent in Arizona**

Name Richard A. Perkins II  
Address 44009 N. 44th Ln  
City New River State AZ Zip 85087-5831

**Acceptance of Appointment by Statutory Agent:**

I Richard A. Perkins II, having been designated to act as  
(Print Name of the Statutory Agent)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature: [Signature]

If signing on behalf of a company, please print the company name here.



**DO NOT PUBLISH THIS SECTION**

4. Only required for professional limited liability company. The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

5. The latest date, if any, on which the Company must dissolve. If a dissolution date should include the month, day and year. Perpetual means continuing forever or indefinitely.

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

6A. If reserved to the member(s), check the member's box and provide the name(s) and address (es) of each member. NOTE: If reserved to the member(s) you cannot list any manager.

6B. If vested in manager(s) check the manager's box and provide the name(s) and address (es) of each manager who owns a twenty (20%) percent or greater interest in the capital or profits of the LLC/ PLLC.

The person (s) executing this document need not be a manager or member of the company.

**4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)**

\_\_\_\_\_

**5. Dissolution: The latest date of Dissolution**

- ☐ The latest date to dissolve \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please enter month, day and four digit year)
- ☒ The Limited Liability Company is Perpetual

**6. Management Structure: (Check one box only) A.R.S. §29-632(5)**

**A. ☐ RESERVED TO THE MEMBER(S)**

IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

**B. ☒ VESTED IN MANAGER(S)**

IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name Richard A. Perkins II

Name: Signed True FID: Richard A. Perkins II

☐ Member ☒ Manager (only if "B" is selected above)

☒ Member ☐ Manager (only if "B" is selected above)

Address: 44009 N. 44th Ln

Address: P.O. Box 36371

City, New River State, AZ Zip: 85007-5831

City, Albuquerque State, NM Zip: 87176

Name \_\_\_\_\_

Name \_\_\_\_\_

☐ Member ☐ Manager (only if "B" is selected above)

☐ Member ☐ Manager (only if "B" is selected above)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_

(IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.)

Executed this 4th day of APRIL, 2016

Executed by: [Signature] Print Name Richard A. Perkins II

PERKINS 44009, LLC

If signing on behalf of a company, please print the company name here.

Phone Number: (602) 738-3100

Fax Number: \_\_\_\_\_



**COMMISSIONERS**  
DOUG LITTLE - Chairman  
BOB STUMP  
BOB BURNS  
TOM FORESE  
ANDY TOBIN



JODI JERICH  
Executive Director

PATRICIA L. BARFIELD  
Director  
Corporations Division

**ARIZONA CORPORATION COMMISSION**

PERKINS 44009, LLC  
MONAHAN LAW FIRM PLC  
15396 N 83RD AVE  
STE D-102  
PEORIA, AZ 85381

Effective Date: 05/12/2016  
File No: L-2083991-2

*please  
Resubmit  
corrections made  
5/17/16*

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 remove "PERKINS 44009, LLC" from the statutory agent acceptance box. This line must remain blank unless an entity is being appointed as the statutory agent.

**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](http://www.azcc.gov/divisions/Corporations).





RECEIVED

RECEIVED

APR 18 2016

MAY 17 2016

# ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION COVER SHEET

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISIONARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

ARE YOU FILING: ☒ New Entity ☐ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: PERKINS 44009, LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	\$100.00	\$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	\$ 60.00	\$ 85.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	\$ 40.00	\$ 75.00
<input checked="" type="checkbox"/> Articles of Organization (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Application For Authority (Business)	\$175.00	\$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	\$175.00	\$210.00
<input type="checkbox"/> Application for New Authority	\$175.00	\$210.00
<input type="checkbox"/> Application for Registration	\$150.00	\$185.00
<input type="checkbox"/> Articles of Amendment	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Correction	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	\$100.00	\$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Affidavit of Publication	\$ 0.00	\$ 35.00
<input type="checkbox"/> CORPORATIONS - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each ( ) (Enter Quantity)	<input type="checkbox"/> \$40.00 ( ) (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each ( ) (Enter Quantity)	<input type="checkbox"/> \$45.00 ( ) (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each ( ) (Enter Quantity)	<input type="checkbox"/> \$45.00 ( ) (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM

- ☒ Check      Check # \_\_\_\_\_
- ☐ M.O.D. Account      MOD Acct # \_\_\_\_\_
- ☐ Cash
- ☐ Credit Card - for in-person filings only
- ☐ No fee required

Check Amount \$ 50.00

Mod Amount \$ \_\_\_\_\_

Cash Amount \$ \_\_\_\_\_

CC Amount \$ \_\_\_\_\_

SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☐ Pick Up ☒ Fax # ( 623 ) 321-1322

**REQUIRED:** Please list the person or company who will be picking up the completed documents.  
DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name:

Monahan Law Firm, PLC

Phone Number:

623-385-3190

Address:

15396 N. 83rd Ave., Suite D-102

City:

Peoria

State:

AZ

Zip:

85381

PICK-UP BY:

FOR ARIZONA CORPORATION COMMISSION USE ONLY

DATE:

View current process times at: [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations)

