

ARIZONA CORP. COMMISSION
FILED

FEB 01 2017

FILE NO. L21552413

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JAN 25 2017
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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:

☒ LIMITED LIABILITY COMPANY

☐ PROFESSIONAL LIMITED LIABILITY COMPANY

2. **ENTITY NAME** - see Instructions L010i for naming requirements - give the exact name of the LLC:
SolveForce.com LLC

3. **PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** - 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** - see Instructions L010i:

4.1 REQUIRED - give the name (can be an individual or an 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):	
Ronald Legarski <small>Statutory Agent Name</small>			
Attention (optional) 56539 El Parque <small>Address 1</small>		Attention (optional) <small>Address 1</small>	
Address 2 (optional) City Seligman	AZ <small>State</small>	86337 <small>Zip</small>	Address 2 (optional) City 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? ☒ 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)		Zip
City Country	State or Province	Zip

6. DURATION - the duration or life period of the LLC is **presumed to be perpetual unless** one of the boxes is checked below **and** the corresponding blank is filled in:

- ☐ 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, and complete and attach the Manager Structure Attachment form L040. *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, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 9. ORGANIZERS** - list the **name and address**, and provide the **signature**, of each and every organizer - minimum of one is required. If more space is needed, check this box ☐ and complete and attach the Organizer Attachment form L042.

Carri Brown

Name

26025 Mureau Rd.

Address 1

Suite 120

Address 2 (optional)

Calabasas

CA

91302

City

UNITED STATES


State

Zip

Country

SIGNATURE - *see Instructions L010i*:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.



☒ I ACCEPT

Signature

Carri Brown

1/24/2017

Printed Name

Date

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

- ☐ **Corporation as Organizer** - I am signing as an officer or authorized agent of a corporation and its name is:

- ☐ **LLC as Organizer** - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

Name

Address 1

Address 2 (optional)

City

State

Zip

Country

SIGNATURE - *see Instructions L010i*:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

- ☐ **Corporation as Organizer** - I am signing as an officer or authorized agent of a corporation and its name is:

- ☐ **LLC as Organizer** - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

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

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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MEMBER STRUCTURE ATTACHMENT

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

SolveForce.com 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. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another Member Structure Attachment form.

1. Ronald Legarski Name P.O. Box 369 Address 1 Address 2 (optional) Seligman AZ 86337 City State or Province Zip Country UNITED STATES	2. Name Address 1 Address 2 (optional) City State or Province Zip Country
3. Name Address 1 Address 2 (optional) City State or Province Zip Country	4. Name Address 1 Address 2 (optional) City State or Province Zip Country
5. Name Address 1 Address 2 (optional) City State or Province Zip Country	6. Name Address 1 Address 2 (optional) City State or Province Zip Country
7. Name Address 1 Address 2 (optional) City State or Province Zip Country	8. Name Address 1 Address 2 (optional) City State or Province Zip Country

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):

SolveForce.com 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:

Ronald Legarski

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

Ronald Legarski
Printed Name

1/23/2017
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.

Mall: Arizona Corporation Commission – Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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