AZ CORPORATION COMMISSION FILED

APR 2 5 2017



HENL-21803867

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			AR	TICLES O	F ORGAN	IIZATI	ON			
				Read the	Instruction	is <u>L010i</u>				
1.	ENTIT	TY TYPE - che	ck only on	e to indicate	e the type o	of entity I	being form	ned:		
	Ø	LIMITED LIABILITY (entity name must co the words "Limited Li Company" or "LLC")	ntain		(entity r	ame must c	MITED LIAE ontain the wo I Liability Con	rds	MPANY	
2.		TY NAME – <u>see</u> Maker Customs, L		<u>L010i</u> for full	naming requ	uirements	- give the	exact n	ame of the	: 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):								is aw		
4.	STATI	JTORY AGENT	for service	of proces	e - cee Inc	tructions	1010i			
	4.1	REQUIRED - give the an Arizona resident entity) and physica P.O. Box) in Arizona	e name (can or an Arizona- al or street ac	be registered ddress (not a		OPTIONAL	. – malling a ry Agent (ca			
	ited State	es Corporation Age	ents, Inc.							
17	ntion (optiona 470 N. Pi ess 1	acesetter Way		- 4	Attention (option Address 1	nal)			, ser	autu - m
Addr	ess 2 (option	al)	AZ		Address 2 (option	nal)		AZ		
City	Scottsd	ale	State Zip	85255	City			State	Zip	
	4.3 REQ	QUIRED— the Statuto	ory Agent Acce	ptance form M	002 must be	submitted a	long with ti	nese Artic	cles of Organ	nization.
5.	5.1	ONA KNOWN P Is the Arizona k statutory agent	nown place?		address th	continue		eet ad	dress of	the
	5.2	If you answere Box) of the kno						addres	s (not a l	2.0.
		Attention (optional) 5	601 West Mo	dowell Road,	Apt. 1067					
		Address 2 (optional)	Phoenix		· · · · · · · · · · · · · · · · · · ·	Arizona	85035			
		City Country	U.S.A.		·	State or Province	Zip			

6. DURATION - if the duration or life perio section and continue to number 7 or num	od of the LLC is perpetual (forever), then skip this
the corresponding blank:	ber 8. Otherwise, check only one box below and fill in
The LLC's life period will end on this date	
	currence of this event: (describe an event)
and application of	describe an event)
COMPLETE NUMBER 7 OR NUMBER	
company) and complete and attach ONLY	ctions L010i - check this box if management of the gers (meaning one or more managers will run the the Manager Structure Attachment form L040. (Both the Manager Structure Attachment.) The filing will be chment.
there is no operating agreement stating of	ons L010i – check this box if management of the aning all members will run the company together if therwise), and complete and attach ONLY the Member of the member structure is submitted without the attachment.
	lividual or pre-existing entity submitting this document anizer below. If the Organizer is an individual, that is a pre-existing entity, provide the signature of the the individual's name.
The person signing below declares	and certifies under penalty of perjury
Organizer: LegalZoom.com, Inc., A Delaware Corpo	pration / /
// // /	
	4/24/17
Signature	Date
Cheyenne Moseley, Assistant Secretary	
Printed Name (if different from Organizer)	
	t
ling Fee: \$50.00 (regular processing)	Mail: Arizona Corporation Commission
spedited processing – add \$35.00 to filing fee. I fees are nonrefundable - see Instructions.	Corporate Filings Section
rises are nonretunidable - see Instructions.	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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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	riedse 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): Haze Maker Customs, LLC
	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

United States Corporation Agents, Inc.

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.

Cheyenne Moseley, Asst. Secretary Printed Name

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.

Arizona Corporation Commission - Corporate Filings Section Mail:

1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

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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): Haze Maker Customs, LLC							
A.C.C. FILE NUMBER (if known):							
Check one box only to indicate what document the Attachment goes with: Articles of Organization Application for Registration Articles of Amendment to Application for Registration							
4. MEMBERS – give the nam Attachment form.	ne and address	of all Memb e	ers. If more space is needed, use	another <u>Memb</u>	er Structure		
Adam Trujillo							
Name 5601 West Mcdowell Road, A	Apt. 1067		Name Address 1				
Address 1							
Address 2 (optional) Phoenix	Arizona	85035	Address 2 (optional)				
Country	State or Province	Zip	Country	State or Province	Zíp		
Name			Name		ar Sabeta		
Address 1			Address 1				
Address 2 (optional)		T :	Address 2 (optional)				
Country	State or Province	Zip	City	State or Province	Zip		
Name			Name				
Address 1			Address 1				
Address 2 (optional)		T	Address 2 (optional)		1		
Country	State or Province	Zlp	City	State or Province	Zip		