AZ CORPORATION COMMISSION FILED

OCT 03 2017

ARTICLES OF ORGANIZATION

FILE NO 22424045-

FOR

OLICARTIN, LLC

Pursuant to A.R.S. §29-632 the undersigned states as follows:

Article 1. The name of this limited liability company is:

Olicartin, LLC

Article 2. The address of the Company's registered office in Arizona is:

2221 W Baseline Rd, Bldg 101, Unit 8

Tempe, AZ 85283

Article 3. The statutory agent's name and address are:

MacQueen & Gottlieb, PLC

1 East Washington Street, Ste. 500

Phoenix, Arizona 85004

Acceptance of Appointment by Statutory Agent:

MacQueen & Gottlieb, PLC, having been designed to act as Statutory Agent, hereby consents to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature:

Patrick MacQueen, Esq. for MacQueen & Gottlieb, PLC

Article 4. The duration of this limited liability company is Perpetual.

Article 5. Management of this limited liability company is vested in a Manager, whose name is as follows:

Kenny Weiss

Article 6. The name and mailing address of each Member at the time of formation of the limited liability company is:

Kenny Weiss 2221 W Baseline Rd, Bldg 101, Unit 8 Tempe, AZ 85283

Executed this 3rd day of October

1

By:

Kenny Weiss

CORPORATIONS DIVISION INITIAL PROCESSING SECTION 1300 West Washington Phoenix, Arizona 85007-2929

User Id: CXALLEN

ALLEN

Invoice No.: 5495189

ATTN:

Invoice Date: 10/02/2017 Date Received: 10/03/2017 Customer No.: 004317

Check Batch:

JENNIFER MACQUEEN
MACQUEEN & GOTTLIEB PLC

1 E WASHINGTON ST

SUITE 500

PHOENIX

AZ 85004-

Quantity Description		Amount
1 ARTICLES		\$50.00
L-2224042-7 OLICARTIN, LLC 1 EXPEDITE		\$35.00
L-2224042-7 OLICARTIN, LLC		
	Total Documents: \$	85.00
MOD		\$85.00
	Balance Due: \$	0.00

Your Customer Balance is

\$575.00

RECEIVED

OCT 0 3 2017

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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COVER SHEET

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** ORDERSCOPIESUSING ARTEGORDS REQUESTE FORM **

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	PROCESSINGS			
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Document filing fees are listed on http://ecorp.azcc.gov, under the f		on the bottom of e he haos.	ach form or on the	lee schedule on our website,
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REQUIRED .	RETURN DELIV	ERY OPTION (PLE	ASE PRINT CLEARL	Y and select only ONE):
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☐ Pick up	Name:			Prione:
☐ Mail	Name:			
	Address:		TOTAL PROPERTY.	
	City:		Stabe:	Zip:
	Phone:			
DOCUMENTS	WILL BE MAILED IF	THEY ARE NOT PICKE	D UP IN A TIMELY MA	NNER (APPROXIMATELY ONE WEEK)
		VISAUTAMOUSONA!	A District of	
	Maria Strain			

CFCVLR REV 06/2016