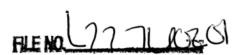
APR 3 0 2018



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## **ARTICLES OF ORGANIZATION**

	Read the Instructions L010i								
1.	ENTITY TYPE - check only one to indicate the type of entity being formed:								
-		LIMITED LIABILITY CO (entity name must conta the words "Limited Liabil Company" or "LLC")	OMPANY in		PROFES (entity n	SSIONAL LIN ame must co ional Limited	MITED LIAB ntain the wor	ILITY CO	MPANY
2.	ENTI	<b>ENTITY NAME</b> – see Instructions L010i for full naming requirements – give the exact name of the LLC:						ame of the LLC:	
	Babb	Babbitt Dr LLC							
3.	<b>PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES</b> — 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):								
				*					
4.	STAT	UTORY AGENT fo							
	4.1	4.1 REQUIRED – give the name (can be an Arizona resident or an Arizona-registered 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):				
Chr	is Pars	ze							
Statu	tory Agent	Name							
	tion (optio				Attention (option	Attention (optional)			
332	9 S Lit	tle Dr			Address 1				
	ess 2 (option		ΑZ	86005	Address 2 (option	onal)		AZ	
City	Flagstaff State Zip City State Zip State Zip  4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organi								
	7.5 KL	QUIRED the Statutory	Agent	Acceptance 10111111					
5.	5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:								
	5.1 Is the Arizona known place of business address the same as the <b>street address</b> 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 <b>physical or street address</b> (not a P.O. Box) of the known place of business of the LLC in Arizona:								
		Attention (optional)				***************************************			
		Address 1							
		Address 2 (optional)				AZ			
		City Country	U.S			State or Province	Zip		

U.S.A.

6.	<b>DURATION</b> – if the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below <i>and</i> fill in the corresponding blank:								
		The LLC's life period w	rill end on this date:		(enter a date)				
		•	rill end upon the occurrence	e of this event: (describe	an event)				
				NOT BOTH					
C	OMPLE	TE NUMBER 7	OR NUMBER 8 -	NOI BOIH.					
7.	compai membe	I be vested in a many) and complete a ers and managers	LC - <u>see Instructions</u> anager or managers ( and attach ONLY the <u>l</u> will be listed on the M without the attachme	meaning one or mor <u>Manager Structure A</u> anager Structure At	ttachment fo	orm L040. (Both			
8.	there is	<b>BER-MANAGED LLC</b> – <u>see Instructions L010i</u> – check this box if management of the will be reserved to the members (meaning all members will run the company together if is no operating agreement stating otherwise), and complete and attach ONLY the <u>Member sture Attachment form L041</u> . (All members will be listed on the Member Structure chment.) The filing will be rejected if it is submitted without the attachment.							
9. ORGANIZERS and SIGNATURE - the individual or pre-existing entity submitting this do is the Organizer - list the name of the Organizer below. If the Organizer is an individual, individual must sign below. If the Organizer is a pre-existing entity, provide the signature individual acting for that entity, then print the individual's name.					ndividual, that				
		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.							
Ø	rganizer:	Chris Parsze							
(	Chan	- 0			4/26	6/18			
Signature									
Pr	rinted Name	e (if different from Orga	anizer)						

Arizona Corporation Commission Mail: Filing Fee: \$50.00 (regular processing)
Expedited processing – add \$35.00 to filing fee. Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. 602-542-4100 Fax:

APR 3 0 2018

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION



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## **ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION**

## Chris Parsze COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

\*\* ORDER COPIES USING A RECORDS REQUEST FORM \*\*

WHAT ARE YOU FILING?						
New Entity ☐ Change to existing entity ✔ Re-submission of rejected filing						
INCW LINE,	Change to existing char,	NC-Submission of t	ejected ming			
ENTITY NAM	<b>E</b> - give the exact name of the c	corporation as currently s	hown in A.C.C. records:			
Babbitt Dr LL	С					
EXPEDITED I	PROCESSING?					
	\$35 to the filing fee	□ NO - pay only the				
Document filing fees are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.azcc.gov, under the FAQs.						
PAYMENT:						
☐ MOD Acco	outre # 1	tal amount to deduct:				
Cash - do not n	nail cash. Cash may be used only for in- ney orders - must be made payable to '	person submittals.	on " with all words shelled out and no			
abbreviations. C	checks must be completely and properly	filled out, including the amount	t sections. UNACCEPTABLE CHECKS			
include: no impl	rinted or preprinted name and address of stamped names, addresses, or check nu	of the account holder; no impring the mhers: temporary checks (new	nted or preprinted check number;			
Credit cards -	may be used for in-person submittals, a	nd for online corporation annua	al reports, online name reservations, or			
	es of good standing. We accept only Visa	,				
REQUIRED -	RETURN DELIVERY OPTION	(PLEASE PRINT CLEARLY	and select only ONE):			
<b>☑</b> Email	Email address: cjpainting19@yahoo	o.com				
Pick up	Name:	,	Phone:			
☐ Mail	Name:					
	Address:					
	City:	State:	Zip:			
	Phone:					
DOCUMENTS	WILL BE MAILED IF THEY ARE NOT F	PICKED UP IN A TIMELY MAN	NNER (APPROXIMATELY ONE WEEK)			
	FOR ARIZONA CORP	ORATION COMMISSION USE	ONLY			
PICK-UP B	BY:		DATE:			