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 (entity name must contain (entity name must contain the words the words "Limited Liability "Professional Limited Liability Company" or Company" or "LLC") ENTITY NAME - see Instructions L010i for full naming requirements - give the exact name of the LLC: 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 STATUTORY AGENT for service of process - see Instructions L010i REQUIRED - give the name (can be OPTIONAL - mailing address in Arizona an Arizona resident or an Arizona-registered of Statutory Agent (can be a P.O. Box): entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent: Attention (optional) Attention (optional) Address 1 Address 2 (optional) Address 2 (optional) ΑZ ΑZ 4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: Is the Arizona known place of business address the same as the street address of the Yes - go to number 6 and continue No - go to number 5.2 and continue If you answered "No" to number 5.1, give the physical or street address (not a P.O. 5.2 Box) of the known place of business of the LLC in Arizona: Attention (optional)

Address 2 (optional)

U.S.A.

Country

AZ State or

Zip

		81211111
6.	DURATION – if the duration or life period of the LLC is perpetual (forever) section and continue to number 7 or number 8. Otherwise, check only one	
	the corresponding blank:	
	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)	
	TO NUMBER S NOT BOTH	
C	MPLETE NUMBER 7 OR NUMBER 8 - NOT BOTH.	
7.	MANAGER-MANAGED LLC - <u>see Instructions L010i</u> - check this box ☐ if management of LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach ONLY the <u>Manager Structure Attachment form L040</u> .	(Both
	members and managers will be listed on the Manager Structure Attachment.) The filing we rejected if it is submitted without the attachment.	ill be
8.	MEMBER-MANAGED LLC – <u>see Instructions L010i</u> – check this box if management of LLC will be reserved to the members (meaning all members will run the company together there is no operating agreement stating otherwise), and complete and attach ONLY the Mattachment form L041. (All members will be listed on the Member Structure Attachment.) 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.	
	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.	
o	ganizer: Brian Coleason	
	D (4	2018
-	Date	VI a
S	nature	
P	nted Name (if different from Organizer)	

Filing Fee; \$50.00 (regular processing) Expedited processing – add \$35.00 to filing fee.		Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	Fax:	602-542-4100
		should seek private legal counsel for those matters that may pertain to

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): Cleason Roofing LLC
2.	A.C.C. FILE NUMBER (if known):

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

1.0			- 12		
Brian Rhet	Gleas	SOA	Shauna	Pearl Cole	ason
2615 E D	- Gleas owning	Circle	2615 E	Downing (urdo
Address 2 (optional)			Address 2 (optional)		
Mesa	A2 State or	285		A2	8213
Country UNITED	STUTES	210	Country United	State or Province	Zip
Name			Name		
Address 1					
Address 2 (optional)			Address 1		
City	State or	71-	Address 2 (optional)		
Country	Province	Zip	Country	State or Province	Zip
lame			6.		
ddress 1			Name		
			Address 1		
ddress 2 (optional)			Address 2 (optional)	300	
puntry	State or Province	Zip	City	State or Z	Р
			8.		
me			Name		
dress 1			Address 1		
dress 2 (optional)			Address 2 (optional)		
untry	State or Province	Zip	City	State or Zip Province	

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	Plobal
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):
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:

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.

Θ G	0 4	
Sympture	- WI NE	ason 12-11-2010
	Printed Name	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.
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Filing Fee: none (regular processing) Expedited processing – not applicable.	Mail:	Arizona Corporation Commission - Corporate Filings Section		
All fees are nonrefundable - see Instructions.	Fax:	1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100		
Please he advised that A C C 4				

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