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 (entity name must contain the words "Limited Liability Company" or "LLC")

☐ PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional Limited Liability Company" or "PLLC")

2. ENTITY NAME – see Instructions L010i for full naming requirements – give the exact name of the LLC:

PASSIONE PACIFICA 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):

4. STATUTORY AGENT for service of process – *see Instructions L010i*

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):		
JOSEPH NEIBICH Statutory Agent Name					
Attention (optional)			Attention (optional)		
3226 S. TREASURE COVE PLACE Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City TUCSON	AZ State	Zip 85713	City	AZ 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)	AZ	
City Country U.S.A.	State or Province	Zip

6. DURATION – 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 *and* fill in the corresponding blank:

☐ The LLC's life period will end on this **date**: _____ (enter a date)

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 (meaning one or more managers will run the company) and complete and attach **ONLY** the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *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 (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach **ONLY** the Member Structure Attachment form L041. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

The person signing below declares and certifies *under penalty of law* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Signature _____ Date JAN. 10, 2019

CURTIS SORRELL
Printed Name

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.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MANAGER STRUCTURE ATTACHMENT

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

2. **MANAGERS / MEMBERS –** give the name and address of each and every **manager** *and* list all **members who own 20% or more** of the profits or capital of the LLC. **Use one block per person**. Check the appropriate box or boxes below each person listed. If more space is needed, use another Manager Structure Attachment form.

1. CURTIS SORRELL Name 4160 W. LUM WASH COURT Address 1 Address 2 (optional) TUCSON / AZ / 85745 City / State or Province / Zip USA Country ☑ Manager ☐ Member	2. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ Member
3. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ Member	4. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ Member
5. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ Member	6. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ Member

Clear Form | Print Form

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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):

   ~~Joseph Neibich~~ PASSIONE PACIFICA 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:

   Joseph Neibich

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	Printed Name	Date
	Joseph Neibich	1/9/19

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

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