

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: The Bower Family, LLC
ENTITY ID: 1949714
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 02/11/2019
CHARACTER OF BUSINESS: Any legal purpose
MANAGEMENT STRUCTURE: Manager-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: JOHNNY N HELENBOLT
PHYSICAL ADDRESS: 3430 E SUNRISE DR #200 , TUCSON, AZ 85718
MAILING ADDRESS:

KNOWN PLACE OF BUSINESS

9911 S Camino De La Calinda, VAIL, AZ 85641

PRINCIPALS

Member: Adam Bower - 9911 S Camino De La Calinda, VAIL, AZ 85641 - - Date of Taking Office:
Member: Virgil G. Bower JR - 9911 S Camino De La Calinda, VAIL, AZ 85641 - - Date of Taking Office:
Member: Virgil G. Bower, as Trustee of the Carter Bower Revocable Trust Dated December 12, 2018 - 9911 S Camino De La Calinda, VAIL, AZ 85641 - - Date of Taking Office:
Member and Manager: Virgil G. Bower - 9911 S Camino De La Calinda, VAIL, AZ 85641 - - Date of Taking Office:

ORGANIZERS

Virgil G. Bower: 9911 S Camino De La Calinda, VAIL, AZ 85641,

SIGNATURES

Organizer: Virgil G. Bower - 02/11/2019

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION 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

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:
 The Bower Family LLC

EXPEDITED PROCESSING?

☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing fee
 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 Account #: _____ Total amount to deduct: _____

Cash - do not mail cash. Cash may be used only for in-person submittals.
Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount section. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).
Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: dmiller@duffieldlaw.com	
<input type="checkbox"/> Pick up	Name:	Phone:
<input type="checkbox"/> Mail	Name:	
	Address:	
	City:	State:
	Phone:	Zip:

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____

DATE: _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

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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 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:

The Bower Family 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):	
Johnny N. Helenbolt Statutory Agent Name		Attention (optional)	
Attention (optional) 3430 E. Sunrise Drive Address 1 Suite 200		Address 1	
Address 2 (optional) Tucson		Address 2 (optional) AZ 85718	
City		State	
4.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.		City	
AZ		AZ	
State		State	
85718		Zip	
Zip		Zip	

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)			
9911 S. Camino De La Calinda			
Address 1			
Address 2 (optional)		AZ	
Vail		85641	
City		State or Province	
Country		Zip	
U.S.A.		AZ	
		85641	
		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 L0101 – 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 L0101 – 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 02/11/2019

Printed Name Virgil G. Bower

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.

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002!*

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):
The Bower Family 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:
Johnny N. Helenbolt

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.

Johnny N. Helenbolt

Printed Name

02/11/2019

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.

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

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 filings 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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MANAGER STRUCTURE ATTACHMENT

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

<p>1. Virgil G. Bower</p> <p>Name</p> <p>Address 1 9911 S. Camino De La Calinda</p> <p>Address 2 (optional) Vail</p> <p>City UNITED STATES</p> <p>State or Province AZ</p> <p>Zip 85641</p> <p>Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member</p>	<p>3. Virgil G. Bower, Jr.</p> <p>Name</p> <p>Address 1 9911 S. Camino De La Calinda</p> <p>Address 2 (optional) Vail</p> <p>City UNITED STATES</p> <p>State or Province AZ</p> <p>Zip 85641</p> <p>Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member</p>
<p>3. Adam Bower</p> <p>Name</p> <p>Address 1 9911 S. Camino De La Calinda</p> <p>Address 2 (optional) Vail</p> <p>City UNITED STATES</p> <p>State or Province AZ</p> <p>Zip 85641</p> <p>Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member</p>	<p>4. Virgil G. Bower, as Trustee of the Carter Bower Revocable Trust Dated 12-12-18</p> <p>Name</p> <p>Address 1 9911 S. Camino De La Calinda</p> <p>Address 2 (optional) Vail</p> <p>City UNITED STATES</p> <p>State or Province AZ</p> <p>Zip 85641</p> <p>Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member</p>
<p>5.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City</p> <p>State or Province</p> <p>Zip</p> <p>Country <input type="checkbox"/> Manager <input type="checkbox"/> Member</p>	<p>6.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City</p> <p>State or Province</p> <p>Zip</p> <p>Country <input type="checkbox"/> Manager <input type="checkbox"/> Member</p>