

**ARTICLES OF ORGANIZATION
FOR
THE DUFFIELD GROUP, LLC**

ARTICLE I

Entity Name: The name of the Limited Liability Company is **THE DUFFIELD GROUP, LLC**

Entity Type: Limited Liability Company

ARTICLE II

Known Place of Business: The address of the company's known place of business in Arizona is
**16760 WEST MCKINLEY ST
GOOD YEAR, AZ, 85338**

ARTICLE III

Statutory Agent: The name and street address of the statutory agent of the company is
**AZ STATEWIDE PARALEGAL, LLC
2942 N. 24TH ST STE 114
PHOENIX, AZ 85016**

ARTICLE IV

Duration: The duration of the Limited Liability Company shall be perpetual and shall not terminate unless all members agree to do so in writing and subsequently file Articles of Termination with the Arizona Corporation Commission.

ARTICLE V

Management-Member Managed LLC:

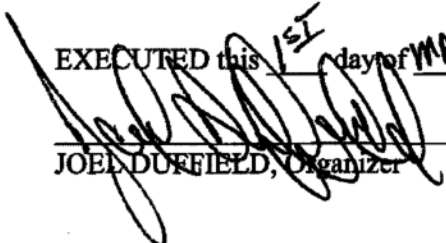
Management of the Limited Liability Company will be reserved to the members and the Member Structure Attachment is attached hereto and incorporated herein by reference.

**ARTICLE VI
ORGANIZERS**

Organizers:

**JOEL DUFFIELD
16760 WEST MCKINLEY ST
GOOD YEAR, AZ, 85338**

EXECUTED this 15TH day of MAR, 2019



JOEL DUFFIELD, Organizer

ACCEPTANCE BY STATUTORY AGENT

Entity Name: The name of the Limited Liability Company is **THE DUFFIELD GROUP, LLC**

Name of Statutory Agent: The name of the Statutory Agent is: **AZ STATEWIDE
PARALEGAL, LLC**, Designated Agent for **THE DUFFIELD GROUP, LLC**, an Entity

STATUTORY AGENT SIGNATURE:

AZ STATEWIDE PARALEGAL, LLC, designated agent for the entity named above accepts the appointment as statutory agent for **THE DUFFIELD GROUP, LLC**, and acknowledges that the appointment is effective until **THE DUFFIELD GROUP, LLC** replaces the statutory agent or the statutory agent resigns, whichever occurs first.

I ACCEPT: By my signature below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

ENTITY AS STATUTORY AGENT:

I am signing on behalf of **AZ STATEWIDE PARALEGAL, LLC** and I am authorized to act for that entity.



AZ STATEWIDE PARALEGAL, LLC

By: Shannon Trezza, Member

3/1/19
Date

MEMBER STRUCTURE ATTACHMENT

Entity Name: The name of the Limited Liability Company is **THE DUFFIELD GROUP, LLC**

This attachment is being filed contemporaneously with the Articles of Organization for **THE DUFFIELD GROUP, LLC**.

Members:

The names and addresses of all Members are indicated below:

**JOEL DUFFIELD
16760 WEST MCKINLEY ST
GOOD YEAR, AZ, 85338**

**JOSEPH L. DUNN
2722 WEST BOWLER ST
PHOENIX, AZ, 85338**

**THOMAS J. IRWIN
11897 WEST 62ND AVE.
ARVADA CO. 80004**

**STEPHEN W. IRWIN
11038 WEST CONNECTICUT AVE.
SUN CITY AZ. 85351**

**EVAN DUFFIELD
16760 WEST MCKINLEY ST
GOODYEAR AZ. 85338.**

RECEIVED

MAR 05 2019

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

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 DUFFIELD GROUP, LLC

EXPEDITED PROCESSING?☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing feeDocument 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 sections. 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: AZSTATEWIDEPARALEGAL@GMAIL.COM		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

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