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

## ARTICLES OF ORGANIZATION

		,	Read the	Instruction				
						eina forn	ned:	
•		ENTITY TYPE - check only one to indicate the type of entity being formed:  PROFESSIONAL LIMITED LIABILITY COMPANY						
	LIMITED LIABILIT							
	ENTITY NAME - see	e Instruc	tions L010i for I	naming requ	irements	- give t	he exa	ct name of the L
-		ENTITY NAME - see Instructions L010i for naming requirements - give the exact name of the L 5801 W Glendale Avenue, LLC						
3.	PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES – if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):							
,	-			0.				
	STATUTORY AGENT			01:	OPTIONAL	- mailing a	ddress i	n Arizona
-	4.1 REQUIRED – give the name (can be an individual or an 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):				
	Sam N	Miller						
atu	itory Agent Name							
ten	ition (optional)			Attention (option	nal)			
15	5232 N 10th St.			Address 1				
dre	ess 1			Addiess				
dre	ess 2 (optional) Phoenix	AZ	85301	Address 2 (optio	nal)		State	Zip
4.3 REQUIRED—the Statutory Agent Acceptance form I			City					
i.	statutory ager	known p nt? 🔀 ————————————————————————————————————	lace of business Yes - go to number 5.1, ce of business	s address th mber 6 and mber 5.2 an give the <b>ph</b>	continue id continu iysical o	ue r street		
	Attention (optional)							
	Address 1			as for drawn and did be represented to the second s		,		
	Address 2 (optional	)				100 0 MM - 0.		
	City Country				State or Province	Zip		
	1							

6. DURATION – the dura of the boxes is checked	tion or life period of the	LLC is	presumed to be per blank is filled in:	erpetual unless one		
	d will end on this date:		(enter a c	date)		
The LLC's life period	d will end upon the occurrence	e of this		(describe an event)		
7. MANAGER-MANAGED LLC will be vested in a Attachment form L040.  8. MEMBER-MANAGED L	manager or managers, The filing will be reject	L010i and co red if it	- check this box if mplete and attach the is submitted without check this box life.	the attachment .		
will be reserved to the form L041. The filing was a complete and attach the	members, and complete will be rejected if it is su e name and address, of one is required. If mo	e and a bmitte and pro ore spa	d without the attachnovide the signature, ce is needed, check t	nent. of each and every		
Sam Miller		Name				
15232 N 10th St.						
Address 1		Address	1			
		Address	2 (optional)			
Address 2 (optional)	AZ 85301	Address	i z (optional)			
Phoenix	State Zip	City		State Zip		
		Country				
SIGNATURE - see Instructions L010i:  By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.			SIGNATURE - see Instructions L010i:  By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.   I ACCEPT			
Signature Sam Miller	03/22/19		•	Date		
Printed Name  Date  IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:  Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is:  LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:			IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:  Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is:			
			LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:			
Filing Fee: \$50.00 (regular process Expedited processing – add \$35.00 All fees are nonrefundable - see Ins	to filing ree.	Mail:	602-542-4100			

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private 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):  5801 W Glendale Avenue, LLC								
2.	A.C.C. FILE NUMBER (if known):								
3.	Check one box only to indicate what document the Attachment goes with:  Articles of Organization Articles of Amendment Articles of Amendment Application for Registration Articles of Amendment to Application for Registration  MEMBERS – give the name and address of all Members. If more space is needed, use another Member Structure								
4.	Attachment form.			1					
Şan	n Miller			Dianne Ruderman					
Name	2011 4011 01			Name 7330 E Palo Verde					
152 Addre	32 N 10th St.			Address 1					
riduic	-								
Addre	ss 2 (optional)	AZ	85301	Address 2 (optional) Scottsdale	AZ	85250			
City	Phoenix	State or	Zip	City	State or Province	Zip			
Count	ry	Province		Country					
Name				Name					
				Address 1					
Addre	SS 1								
Addre	ss 2 (optional)			Address 2 (optional)					
City		State or	Zip	City	State or Province	Zip			
	Country			Country	FIOVINCE				
				7.00					
Name			Name						
Addre	ss 1			Address 1					
Addre	ss 2 (optional)			Address 2 (optional)					
City		State or Province	Zip	City	State or Province	Zip			
Count	rv I			Country !					

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## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

		5801 W Glen	dale Avenue, LLC				
A.C.C	. FILE NUMBER (if en A.C.C. file number on the uppe	itity is already incorpora er corner of filed documents	ted or registered in AZ):	visions/Corporations			
<b>STATUTORY AGENT NAME</b> – 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):							
······,		Sam	Miller				
3.1	Check one box:		agent is an <b>Individual</b> (natural pagent is an <b>Entity</b> .	person).			
	RY AGENT SIGNATU	IDE:					
accept acknow the sta	s the appointment as wledges that the appointment appo	intment is effective whichever occurs f	al or entity named in number 3 about the entity named in number 1 about the entity replaces the statustist.  I acknowledge under penalty of publication in compliance with Arizon	erjury that this			
	- 1	<b>₽</b> I A	CCEPT				
	51	<b>,</b>	Sam Miller	03/22/			
nature		Printed	Name	Date			
QUIRE	D - check only one:			T signing or			
Indiv signi	vidual as statutory and on behalf of mysel	agent: I am f as the individual	behalf of the entity named and I am authorized to act	as statutory agen			
ing Fee:	none (regular processing) processing - add \$35.00 to		ail: Arizona Corporation Commission - C 1300 W. Washington St., Phoenix,	Corporate Filings Sec Arizona 85007			

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.

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