

## **ARTICLES OF ORGANIZATION**

### **OF LIMITED LIABILITY COMPANY**

#### **ENTITY INFORMATION**

**ENTITY NAME:** Data Worx LLC  
**ENTITY ID:** 1985472  
**ENTITY TYPE:** Domestic LLC  
**EFFECTIVE DATE:** 05/10/2019  
**CHARACTER OF BUSINESS:** Professional, Scientific, and Technical Services  
**MANAGEMENT STRUCTURE:** Member-Managed  
**PERIOD OF DURATION:** Perpetual  
**PROFESSIONAL SERVICES:** N/A

#### **STATUTORY AGENT INFORMATION**

**STATUTORY AGENT NAME:** Anjana Sampige  
**PHYSICAL ADDRESS:** 4022 E Expedition Way, PHOENIX, AZ 85050  
**MAILING ADDRESS:**

#### **KNOWN PLACE OF BUSINESS**

Att: Anjana Sampige, 4022 E Expedition Way, PHOENIX, AZ 85050

#### **PRINCIPALS**

Member: Anjana Sampige - 4022 E Expedition Way, PHOENIX, AZ 85050, USA - accttax@peoplepc.com - Date of Taking Office:

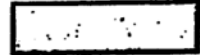
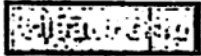
Member: Keka Karmakar - 26848 N 99th Dr., PEORIA, AZ 85383, USA - - Date of Taking Office:

#### **ORGANIZERS**

Gerald Fitzgibbons: 4534 W Onyx Ave, GLENDALE, AZ 85302, USA, accttaxcpa@gmail.com

#### **SIGNATURES**

Organizer: Gerald Fitzgibbons - 05/10/2019



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

## 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):

The Data Worx, LLC

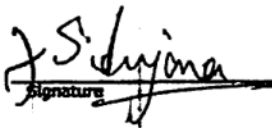
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). *NOTE* - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Anjana Sampige

### 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

Anjana Sampige

Printed Name

05/01/2019

Date

#### REQUIRED – check only one:

<input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> <b>Entity as statutory agent:</b> 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.  
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 records 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.