ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: MOON CREEK PROPERTIES, LLC

ENTITY ID: 23012956
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 08/16/2019

CHARACTER OF BUSINESS: Any legal purpose MANAGEMENT STRUCTURE: Manager-Managed

PERIOD OF DURATION: Perpetual PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: MICHAEL P PERIKLY

PHYSICAL ADDRESS: 2039 E. KNOX ROAD , TEMPE, AZ 85284

MAILING ADDRESS: 2039 E. KNOX ROAD , TEMPE, AZ 85284

KNOWN PLACE OF BUSINESS

2039 E. KNOX ROAD, TEMPE, AZ 85284

PRINCIPALS

Manager: Michael P Perikly - 2039 E. KNOX ROAD, TEMPE, AZ 85284, USA - - Date of Taking Office:

ORGANIZERS

Broad Financial LLC: 21 Robert Pitt Dr Ste 202, MONSEY, NY 10952, USA, orders@broadfinancial.com

SIGNATURES

Organizer: Broad Financial LLC by Laurah Boswell - 08/16/2019

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):
	MOON CREEK PROPERTIES, 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 <i>either</i> an individual or an entity). <i>NOTE</i> - 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:
	Michael P. Perikly
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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 <i>under penalty of perjury</i> that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.
	chael P. Perikly Digitally signed by Michael P. Perikly Michael P. Perikly 08-13-2019
Sig	nature Printed Name Date
RE	QUIRED - check only one:
	Individual as statutory agent: I am Entity as statutory agent: I am signing on
-	signing on behalf of myself as the individual (natural person) named as statutory agent, and I am authorized to act for that entity.
	thatural person) harned as statutory agent. and I am authorized to act for that entity.
Fili	ing Fee: none (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section
Ex	pedited processing – not applicable. fees are nonrefundable - see Instructions. Fax: Alizona Corporation Commission Composite Himigs 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

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.