

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

## 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:

BROKER BABES 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**

|   |  |                       |  |  |                 |
|---|--|-----------------------|--|--|-----------------|
| <b>4.1 REQUIRED</b> – give the <b>name</b> (can be an Arizona resident or an Arizona-registered entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent: |  |                       | <b>4.2 OPTIONAL</b> – mailing address in Arizona of Statutory Agent (can be a P.O. Box): |  |                 |
| MIRANDA BENDER<br>Statutory Agent Name  |  |                       |  |  |                 |
| Attention (optional)<br>8867 E ARIZONA PARK PL  |  |                       | Attention (optional)   |  |                 |
| Address 1   |  |                       | Address 1  |  |                 |
| Address 2 (optional)<br>City SCOTTSDALE   |  | AZ<br>State Zip 85260 | Address 2 (optional)<br>City   |  | AZ<br>State Zip |
| <b>4.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Organization.  |  |                       |  |  |                 |

**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) |  |  |
| Address 1            |  |  |
| Address 2 (optional) |  |  |

**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:

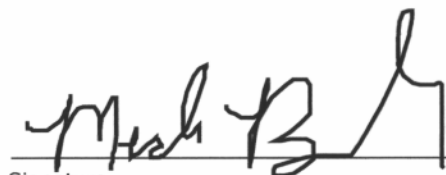
☐ The LLC's life period will end on this **date**: \_\_\_\_\_ (enter a date)

**COMPLETE NUMBER 7 OR NUMBER 8 – NOT BOTH.**

**7. MANAGER-MANAGED LLC** – *see Instructions L010i* – 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 L010i* – 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

06/19/2019

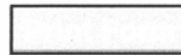
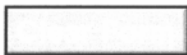
Date

MIRANDA BENDER

Printed Name

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



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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):

BROKER BABES LLC

2. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another [Member Structure Attachment](#) form.

|                             |                            |
|-----------------------------|----------------------------|
| 1.<br><b>MIRANDA BENDER</b> | 2.<br><b>LAURA LYSACEK</b> |
| Name                        | Name                       |
| 8867 E ARIZONA PARK PL      | 8867 E ARIZONA PARK PL     |
| Address 1                   | Address 1                  |
| Address 2 (optional)        | Address 2 (optional)       |
| SCOTTSDALE                  | SCOTTSDALE                 |
| AZ                          | AZ                         |
| 85260                       | 85260                      |
| City                        | City                       |
| Country                     | Country                    |
| UNITED STATES               | UNITED STATES              |
| State or Province           | State or Province          |
| Zip                         | Zip                        |
| 3.                          | 4.                         |
| Name                        | Name                       |
| Address 1                   | Address 1                  |
| Address 2 (optional)        | Address 2 (optional)       |
| City                        | City                       |
| Country                     | Country                    |
| State or Province           | State or Province          |
| Zip                         | Zip                        |
| 5.                          | 6.                         |
| Name                        | Name                       |
| Address 1                   | Address 1                  |
| Address 2 (optional)        | Address 2 (optional)       |
| City                        | City                       |
| Country                     | Country                    |
| State or Province           | State or Province          |
| Zip                         | Zip                        |
| 7.                          | 8.                         |
| Name                        | Name                       |
| Address 1                   | Address 1                  |
| Address 2 (optional)        | Address 2 (optional)       |