				NOT WRITE ABOVE THE					
			•	ARTICLES O			ON		
	Read the Instructions <u>L010i</u>								
1.	ENTIT	NTITY TYPE - check only one to indicate the type of entity being formed:							
	Ø	LIMITED LIABILITY ( (entity name must cont the words "Limited Liab Company", "LLC" or L.C	ain	Y	(entity in "Profess	name must c	MITED LIAN ontain the wo d Liability Cor	ords	)MPANY
2.	ENTIT	Y NAME - see Ir	nstructi	ons L010i for full	naming requ	uirements	- give the	exact n	name of the LLC:
		ia Happ	Ro	ds Pain			SLL		
3.	<ul> <li>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):</li> </ul>								
4.		JTORY AGENT fo			T				
	6	REQUIRED – give the an Arizona resident of entity) <b>and physical</b> P.O. Box) in Arizona of	r an Ariz <b>or stre</b>	ona-registered et address (not a	4.2	∕of Statuto	<ul><li>mailing</li><li>ry Agent (can be as as</li></ul>	an be a P	in Arizona P.O. Box): /street address.
	Robert Ellingson Statutory Agent Name								
6	tion (optional くうのに	E Main	st	7	Attention (option	nal)			
Addre	ss 1				Address 1				
	ss 2 (optiona	al) - <b>A</b>	AZ	95202	Address 2 (option	onal)		AZ	
City		54	State	zip 85205	City			State	Zip
	<b>4.3</b> REQ	UIRED—the Statutory	/ Agent	Acceptance form M	002 must be s	submitted a	long with th	nese Artic	les of Organization.
5.		CIPAL ADDRESS		<b>(</b> 11					
	<b>5.1</b> Is the Arizona principal address the same as the <b>street address</b> of the statutory agent? Yes – go to number 6 and continue								itutory agent?
	No – go to number 5.2 and continue								
	5.2 If you answered "No" to number 5.1, provide the principal address below:								
								,	1
		Attention (optional)							
		Address 1							
		Address 2 (optional)							
		City Country				State or Province	Zip		

## COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- 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.
- 7. 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.

Filing Fee: \$50.00 (regular processing)

Expedited processing - add \$35.00 to filing fee.

All fees are nonrefundable - see Instructions.

Mail:

Arizona Corporation Commission - Examination 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 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.

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

## MEMBER STRUCTURE ATTACHMENT

1.	ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country):
	Big Happy Rods Paint & Customs LLC
	Dig Trappy roas later & costons ZZZ

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations

A.C.C. FILE NUMBER (if known): \_

3. MEMBERS – give the name and address of all Members. If more space is needed, use another Member Structure Attachment form.

ROSERT Ellingson 2330 N Honn	U		2.		•	
Name						
7330 11 Hans	)E					
Address 1		Address 1				
, Address 1						
24	T		Address 2	(optional)		
Address 2 (optional)			Audites 2	(		
			CIL		- State or	Zip
City	State or Province AZ	ヹ゚゚゚゚゚゚゚゚゚゚゚く	City		Province	
Country MESA	1100	- 8 320)	Country	1		
3.			4.			
Name			Name			
Address 1			Address 1			
Address 1						
2 ( 1) 1)			Address 7	(optional)		T
Address 2 (optional)			Audiess 2	(optional)		
			Cit		State or	Zip
City	State or Province	Zip	City		Province	
Country	FIOVINCE		Country			
5.			6.			
			1			•
Name			Name			*
Address 1			Address 1			
Address 1			1			
			Address 3	2 (optional)		
Address 2 (optional)		1	Audiess	(opsional)		
					State or	Zip
City	<ul> <li>State or Province</li> </ul>	Zip	City		Province	~·ip
Country	FIUVILLE		Country	Land to the second to the second		
7.			8.			
Name			Name			
			1			
Address			Address	1		
Address 1						
			Address	2 (optional)		
Address 2 (optional)		1	Audiess	2 (optional)		
			-		State or	Zip
City	- State or	Zip	City			Lip
1,				1	Province	
Country	Province		Country		Province	

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

## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	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):						
	Big Happy Rods Paint & Customs 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:  Robert Ellingson						
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.						
	Robert Ellingson 9/12/19 Printed Name Date						
Sigi	hatufe ' Printed Name						
RE	QUIRED - check only one:						
V	Individual as statutory agent: I am						
	signing on behalf of myself as the individual behalf of the entity named as statutory agent, and I am authorized to act for that entity.						
	(natural person) named as statutory agent. and I am authorized to act for that entity.						
Ex	ng Fee: none (regular processing) pedited processing – not applicable. 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 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.