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

));

ARTICLES OF ORGANIZATION

	Read the Instructions <u>L010i</u>						
1.	1. ENTITY TYPE - check only one to indicate the type of entity being formed:						
	V	LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company", "LLC" or L.C.)	(entity n	SSIONAL LIMITED LIAN name must contain the wo ional Limited Liability Con or "PLC")	ords	DMPANY	
2.	2. ENTITY NAME - see Instructions LO10i for full naming requirements - give the exact name of the LLC: Desert Valley home Repair and Bemodeling 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.		UTORY AGENT for service of process					
	4.1 REQUIRED – give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:		4.2 REQUIRED – mailing address in Arizona of Statutory Agent (can be a P.O. Box): Check box if same as physical/street address.				
Joshua Fayerweather Statutory Agent Name							
Atten	tion (option	E Wilky Way	Attention (optional)				
Addre	Address 1			Address 1			
Addre	ess 2 (optio	nal) AZ Cara a c	Address 2 (optio	nal)	_ A 7	Т	
City	Gil	best State zip 85295	City		AZ	Zip	
4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.							
 5. PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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, provide the principal address below:							
	Attention (optional)						
	Address 1						
		Address 2 (optional)					
		City Country		State or Zip Province		,	

COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- 6. MANAGER-MANAGED LLC <u>see Instructions L010i</u> **check this box** f 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 <u>Manager Structure Attachment form L040</u>. (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 <u>see Instructions L010i</u> 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 <u>Member Structure Attachment form L041</u>. (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

Date

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 - 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.

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MANAGER STRUCTURE ATTACHMENT

- 1. ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):

 Desert Valley home Repair and Bemodeling LLC
- 2. MANAGERS / MEMBERS give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Use one block per person. Check the appropriate box or boxes below each person listed. If more space is needed, use another Manager Structure Attachment form.

1.	2.				
Address 1 4041 E Milly Way	Name				
Address 1	Address 1				
4091 2 11/1/1/1/1/1/ Way					
Address 2 (óptional)	Address 2 (optional)				
City Gilbert State or Province AZ Space					
Country	Country				
Manager Member owning 20% or more	☐ Manager ☐ Member owning 20% or more				
3.	4.				
Name	Name				
Address 1	Address 1				
<u> </u>					
Address 2 (optional)	Address 2 (optional)				
1					
City State or Zip	City State or Zip				
Province	Province				
Country	Country				
Manager Member owning 20% or more	Manager Member owning 20% or more				
	Member owning 20% or more				
	0.				
Name	Name				
1					
Address 1	Address 1				
1					
Address 2 (optional)	Address 2 (optional)				
1 1					
City State or Zip	City State or Zip				
Province	Province				
Country	Country				
Manager Member owning 20% or more	Manager Member owning 20% or more				
Trainer oming 20% of filore	☐ Manager ☐ Member owning 20% or more				

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	- TOOL						
Statutory Agent (this must match exactly statutory agent, e.g., Articles of Organizat	Arizona of the corporation or LLC that has appointed the the name as listed on the document appointing the cion or Article of Incorporation):						
entity listed in number 1 above (this will be must match exactly the statutory agent n	exact name of the Statutory Agent appointed by the se either an individual or an entity). NOTE - the name name as listed in the document that appoints the tion or Articles of Organization), including any middle						
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 Jc	shug fayerweather 10-11-19						
REQUERED - check only one:							
Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.							
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						

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