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

ARTICLES OF ORGANIZATION

Read the	e Instructions <u>L010i</u>			
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", "LLC" or L.C.)	PROFESSIONAL LIMITED LIAE (entity name must contain the wo "Professional Limited Liability Com "PLLC" or "PLC")	BILITY COMPANY		
ENTITY NAME See Instructions LO10; for full	naming requirements - give the	exact name of the LLC:		
PROFESSIONAL LIMITED LIABILITY CO. checked in number 1 above, describe the professional sfirm, accounting, medical):	MPANY SERVICES — If and only professional LLC will	y if professional LLC is provide (examples: law		
STATUTORY AGENT for service of process	E - COO Instructions (O.C.)			
Arizona resident or an Arizona-registered entity) and physical or street address (not a	4.2 REQUIRED - mailing address in Arizona			
Linda Collier		project address.		
tory nyant learne				
tion (optional)				
tion (optional) 745 W. LINCOWST,	Attention (optional) Address 1			
11/145 W. LINCOMST,				
11/145 W. LINKOWST.	Address 1 Address 2 (optional)	AZ		
ISS P (options) POR AZ 8533	Address 1 Address 2 (optional) City	State 710		
	ENTITY TYPE - check only one to indicate Limited Liability Company (entity name must contain the words "Limited Liability Company", "LLC" or L.C.) ENTITY NAME See Instructions L010i for full Company (entity name must contain the words "Limited Liability Company", "LLC" or L.C.) ENTITY NAME See Instructions L010i for full checked in number 1 above, describe the professional series firm, accounting, medical): STATUTORY AGENT for service of processional serv	ENTITY TYPE - check only one to indicate the type of entity being form LIMITED LIABILITY COMPANY (anotty name must contain the work "Imited Liability Company", "LLC" or L.C.) ENTITY NAME See Instructions L010i for full naming requirements - give the Company", "LC" or "PLC") PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES - if and only checked in number 1 above, describe the professional services that the professional LLC will firm, accounting, medical): STATUTORY AGENT for service of process - see Instructions L010i 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: Check box if same as		

	Attention (optional)	
	Address 1	
	Address 2 (optional)	
	City	
	Country	State or Zip Province
COLLID	dily) dily comblete and arrach ONL	egers (meaning one or more managers will run the Y the Manager Structure Attachment form L040. (Both
MEM! LLC w there Struc	BER-MANAGED LLC - see Instruct vill be reserved to the members (me is no operating agreement stating ture Attachment form L041. (All me	the manager Structure Attachment.) The filing will be tachment.
MEM!	BER-MANAGED LLC - see Instruct will be reserved to the members (members to see an action of the person signing below dethat the information contain	the manager Structure Attachment.) The filing will be tachment. tions L010i- check this box if management of the eaning all members will rup the company together if otherwise), and complete and attach ONLY the Member embers will be listed on the Member Structure.
MEM!	BER-MANAGED LLC - see Instruct will be reserved to the members (me is no operating agreement stating ture Attachment form L041. (All me hment.) The filing will be rejected in The person signing below de that the information contain attachments is true and corr	tions L010i - check this box if management of the eaning all members will run the company together if otherwise), and complete and attach ONLY the Member embers will be listed on the Member Structure it is submitted without the attachment.

Filing Fee: \$50.00 (regular processing) All fees are nonrefundable - see Instructions.

Arizona Corporation Commission - Examination Section Mail: 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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MEMBER STRUCTURE ATTACHMENT

1,	ENTITY NAME agive the exact same of the LLC (foreign LLC)
	(total land):
	ENTITY NAME give the exact name of the LLC (foreign LLCs - give name in domicile state or country):
	The special part of the sp

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

			2.			
Name 1 1 1 1						
LINDA Colline			Name			
ddress 1 1 00 (5	A /	4				
1/145 N./10	CON (St-	Address 1			
ddress 2 (optional)	CONV	<i>y</i>				
OGOGYRAD			Address 2 (optional)			
Ity A	State or	Zin -	d City		1.1	
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54-14-XIX A 311V	- / /		Country	لبشيا		
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ddress 2 (optional)		,				
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			Country 6.	. 1.33		
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dress 2 (optional)			Address 2 (optional)			
,						
	State or Province	Zip	City		State or	Zip
untry			Country		Province	

	DO NOT WRITE ABOVE T	HIS LINE; RESERVED FOR ACC USE ONLY.
	STATUTORY	AGENT ACCEPTANCE read Instructions M002i
1.	Statutory Agent (this must match exactly to statutory agent, e.g., Articles of Organization (All March 1998)	Arizona of the corporation or LLC that has appointed the he name as listed on the document appointing the on or Articles of Incorporation):
2.	must match exactiv the statutory agent no	act name of the Statutory Agent appointed by the elther an individual or an entity). NOTE - the name ame as listed in the document that appoints the ion or Articles of Organization), including any middle
	7,700,	7///
	By the signature appearing below, the indivaccepts the appointment as statutory agent acknowledges that the appointment is effect agent or the statutory agent resigns, which	t for the entity named in number 1 above, and
	The person signing below declares and cert	ifies under penalty of perjury that the information ith any attachments is true and correct, and is
Place	Andy Colles	Livda Collia 1-15-2
	QUIRED - check only one:	Inted Name Date
X	Individual as statutory agent: I am signing on behalf of myself as the individua (natural person) named as statutory agent.	Entity as statutory agent: I am signing or behalf of the entity named as statutory agent and I am authorized to act for that entity.
		to detroit that chicky.
edi	ited or Same Day/Next Day services are available	for an additional fee - see Instructions or Cover sheet for p
Filin	g Fee: none (regular processing) iees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007

Fax:

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602-542-4100

M002.005 Rev: 3/2020