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

ARTICLES OF ORGANIZATION

Read the Instructions <u>L010i</u>

1.	ENTITY TYPE - check	conly	one to indicate	the type o	of entity being form	ned:	
	LIMITED LIABILITY C (entity name must cont the words "Limited Liab Company", "LLC" or L.C	ain ility	Y	(entity	SSIONAL LIMITED LIAB name must contain the wo Liability Company", "PLLC	rds "Profe	ssional
2.	ENTITY NAME - see In	struction	ons L010i for full	naming requ	irements – give the	exact n	ame of the LLC:
	REPUBLICAN PARTY C	F ARIZ	ZONA, LLC				
3.	PROFESSIONAL LIMI checked in number 1 above, firm, accounting, medical):						
4.	STATUTORY AGENT fo	or ser	vice of process	s - see Ins	tructions I 010i		
 -	4.1 REQUIRED – give the an Arizona resident or entity) and physical P.O. Box) in Arizona of	name (r an Ariz <i>or stre</i>	can be cona-registered et address (not a	4.2		in be a P	.O. Box):
Statu	LENCHIK & BARTNESS itory Agent Name HN "JACK" D. WILENCH	S, P.C.	actiony agent.				
Attention (optional) 2810 N. THIRD ST.				Attention (option	nal)		
	ess 1			Address 1			
	ess 2 (optional) PHOENIX	AZ State	85004 Zip	Address 2 (option	onal)	AZ State	Zip
	4.3 REQUIRED— the Statutory	y Agent	Acceptance form M	002 must be s	submitted along with th	iese Artio	cles of Organization.
5.	PRINCIPAL ADDRESS 5.1 Is the principal ad		the same as th	e street a	ddress of the stat	utory a	gent?
			Yes – go to num				

5.2	If yo	u answered	"No"	to number	5.1,	provide the	principal	address	below:
-----	-------	------------	------	-----------	------	-------------	-----------	---------	--------

Attention (optional)		
Acception (optional)		
17767 N. PERIMETER		
Address 1		
71001000 1		
Address 2 (optional)		
SCOTTSDALE	AZ	85255
City	State or	Zip
Country	Province	F
Country		

COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- **6.** 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.

DocuSigned by: 388CCBD35CF046D	4/4/2022
Signature	Date
Kelli Ward	
Printed Name	

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

	Mail: Arizona Corporation Commission - Examination Section
Filing Fee: \$50.00 (regular processing)	1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	Fax (for Regular or Expedite Service ONLY): 602-542-4100
	Fax (for Same Day/Next Day Service ONLY): 602-542-0900

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.

Clear Form

Print Form

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

MEMBER STRUCTURE ATTACHMENT

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):
 REPUBLICAN PARTY OF ARIZONA, LLC
- MEMBERS give the name and address of all Members. If more space is needed, use another Member Structure Attachment form.

REPUBLICAN PARTY OF ARIZONA	2.			
Name	Name			
17767 N. PERIMETER	Address 1			
Address 2 (optional) SCOTTSDALE AZ 85255	Address 2 (optional)			
City State or Zin	City State or Zip Province			
Country UNITED STATES Province	Country 4.			
Name	Name			
Address 1	Address 1			
Address 2 (optional)	Address 2 (optional)			
City State or Province Zip	City State or Zip Country			
5.	6.			
Name	Name			
Name	Name			
Name Address 1	Name Address 1			
Address 1 Address 2 (optional) City State or Province	Address 1 Address 2 (optional) City State or Zip Province			
Address 1 Address 2 (optional) City Country State or Province Zip	Name Address 1 Address 2 (optional) City Country State or Zip Province			
Address 1 Address 2 (optional) City Country State or Province 7.	Address 1 Address 2 (optional) City Country State or Province Province			
Address 1 Address 2 (optional) City Country State or Province 7.	Address 1 Address 2 (optional) City Country State or Province 8.			

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 Articles of Incorporation):
	REPUBLICAN PARTY OF ARIZONA, 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:

WILENCHIK & BARTNESS, P.C.

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

JOHN "JACK" D. WILENCHIK, ESQ.

4/4/22

Printed Name

REQUIRED - 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.

Expedited services are available for an additional fee - see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing) 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.