#552 P.002/005

Arizona Corporation Commission - RECEIVED: 6/2/2023 Arizona Corporation Commission - FILED: 6/2/2023

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ARTICLES OF ORGANIZATION

			Read the	Instructio	ns <u>L010i</u>		
1.	ENTITY TYPE - check only one to indicate the type of entity being formed:						
	LIMITED LIABILITY C (entity name must conti the words "Limited Liab Company", "LLC" or L.C	ain ility	Y	(entity	ESSIONAL LIMITED name must contain the sional Limited Liability or "PLC")	e words	OMPANY
2.	ENTITY NAME - see Instructions L010i for full naming requirements - give the exact name of the LLC:						
	MHP #18, 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 fo						
	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:		 REQUIRED – mailing address in Arizona of Statutory Agent (can be a P.O. Box): Check box if same as physical/street address. 				
	onal, Document, LLC						
Attent	tion (optional)			Attention (opti	onal)		
800 Addre	W. Clarendon Avenue			Address 1			
Suite	e 240						
	ss 2 (optional)	ΑZ	85013	Address 2 (opt	ional)	AZ	
	Phoenix 4.3 REQUIRED— the Statutory	State	Zip	City	submitted along w	State	clos of Oscapization
	REQUIRED— the <u>statutor</u>	Agent	Acceptance form in		Submitted along w	The se Arti	cies of organization.
5.	PRINCIPAL ADDRESS						
	5.1 Is the Arizona pri					of the sta	atutory agent?
			Yes - go to nui	nber 6 an	d continue		
			No - go to num	ber 5.2 a	nd continue		

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5.2 If you answered "No" to number 5.1, provide the principal address below:

Silver King Companies Attention (optional)				
16211 N. Scottsdale Rd.				
Ste A6A #606				
Address 2 (optional)				
Scottsdale	AZ	85254		
City Country USA	State or Province	Zip		

COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- 6. MANAGER-MANAGED LLC <u>see Instructions L010i</u> **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 <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.

O6/02/2023

Signature

Keith Van Der Hout

Printed Name

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

Filing Fee: \$50.00 (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.

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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):	
	MHP #18, 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.

			2.			
1. The Vanderhout Family L	imited Partne	rchin	1			
Name		131112	Name			
16211 N. Scottsdale Rd	l					
Address 1			Address 1			
Ste #A6A-606 Address 2 (optional)			Address 2 (optional)	1		
Scottsdale	AZ 85	254				
UNITED STATES	State or Zip Province		City	State or Zip Province		
Country			Country			
✓ Manager ✓ Mem	ber owning 20% or	more	☐ Manager ☐ M	ember owning 20% or more		
3.			4.			
Name			Name			
Address 1			Address 1			
Address 2 (optional)			Address 2 (optional)			
City	State or Zip Province		City	State or Zip Province		
Country			Country			
☐ Manager ☐ Mem	ber owning 20% or	more	☐ Manager ☐ M	ember owning 20% or more		
5.			6.			
Name			Name			
Address 1			Address 1			
Address 2 (optional)			Address 2 (optional)	T		
City	State or Zip Province		City	State or Zip Province		
Country			Country			
☐ Manager ☐ Mem	ber owning 20% or	more	☐ Manager ☐ Me	ember owning 20% or more		

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	Fiedse read Instruc	Cions <u>Piouzi</u>
1.	 ENTITY NAME – give the exact name in Arizona of the Statutory Agent (this must match exactly the name as statutory agent, e.g., Articles of Organization or Articles 	isted on the document appointing the
	MHP #18, LLC	
2.	2. STATUTORY AGENT NAME – give the exact name of entity listed in number 1 above (this will be either an in must match exactly the statutory agent name as listed statutory agent (e.g. Articles of Incorporation or Article initial or suffix:	idividual or an entity). <i>NOTE</i> - the name I in the document that appoints the
	National Document, LLC	
3.	3. STATUTORY AGENT SIGNATURE:	
	By the signature appearing below, the individual or enti- accepts the appointment as statutory agent for the enti- acknowledges that the appointment is effective until the agent or the statutory agent resigns, whichever occurs	ty named in number 1 above, and appointing entity replaces the statutory
	The person signing below declares and certifies under person contained within this document together with any attack submitted in compliance with Arizona law.	nenalty of perjury that the information hments is true and correct, and is
_	Ashley Green	6/2/23
Sign	Ashley Greens Signature Printed Name	Date
	REQUIRED - check only one:	
	-	ity as statutory agent: I am signing on
⊔	signing on behalf of myself as the individual beh	alf of the entity named as statutory agent,
	(natural person) named as statutory agent. and	I am authorized to act for that entity.
	Matt. Asian	na Corporation Commission - Examination Section
Ext	Expedited processing – not applicable. 1300	W. Washington St., Phoenix, Arizona 85007 642-4100
Please	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.

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