

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: RISING MEDICAL GROUP PLLC
ENTITY ID: 23588570
ENTITY TYPE: Domestic Professional LLC
EFFECTIVE DATE: 09/28/2023
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Manager-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: medical services

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Nana Adu-Amankwa
PHYSICAL ADDRESS: 14747 N Northsight Blvd., Suite 188, SCOTTSDALE, AZ 85260
MAILING ADDRESS: 14747 N Northsight Blvd., Suite 188, SCOTTSDALE, AZ 85260

PRINCIPAL ADDRESS

14747 N Northsight Blvd., Suite 188, SCOTTSDALE, AZ 85260

PRINCIPALS

Manager: SENIORS RISING, LLC - 14747 N Northsight Blvd., Suite 188, SCOTTSDALE, AZ, 85260, USA -
jheinen@seniorsrising.us - Date of Taking Office:

Member: Nana Adu-Amankwa, M.D. - 14747 N Northsight Blvd., Suite 188, SCOTTSDALE, AZ, 85260, USA -
naduamankwa@seniorsrising.us - Date of Taking Office:

ORGANIZERS

Nana Adu-Amankwa

SIGNATURES

Organizer: Nana Adu-Amankwa - 09/28/2023

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):

Rising Medical Group PLLC


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:

Nana Adu-Amankwa

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.

DocuSigned by:

122318535416432...
Signature

Nana Adu-Amankwa

Printed Name

09/28/2023

Date

REQUIRED – check only one:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input type="checkbox"/> 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.