# ARTICLES OF ORGANIZATION

# OF LIMITED LIABILITY COMPANY

# **ENTITY INFORMATION**

ENTITY NAME: 18001 N 33RD AVENUE, LLC

ENTITY ID: 23761307
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 12/12/2024
CHARACTER OF BUSINESS: Any legal purpose

MANAGEMENT STRUCTURE: Manager-Managed

PERIOD OF DURATION: Perpetual PROFESSIONAL SERVICES: N/A

## STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** W.A.S., INC.

PHYSICAL ADDRESS: Attn: Sherri Wheeler, 9141 E. HIDDEN SPUR TRAIL,

SCOTTSDALE, AZ 85255

MAILING ADDRESS: Attn: Sherri Wheeler, 9141 E. HIDDEN SPUR TRAIL,

SCOTTSDALE, AZ 85255

## PRINCIPAL ADDRESS

Att: MaryJane Anders, 18007 N. 33rd Avenue, PHOENIX, AZ 85053

# **PRINCIPALS**

Manager: MaryJane Anders - 18007 N. 33rd Avenue, PHOENIX, AZ, 85053, USA - - Date of Taking Office: Member: MaryJane Anders, Trustee of the Anders Family Trust U/T/A dated October 30, 2015 - 18007 N. 33rd Avenue, PHOENIX, AZ, 85053, USA - - Date of Taking Office:

#### **ORGANIZERS**

MaryJane Anders: 18007 N. 33rd Avenue, PHOENIX, AZ, 85053, USA,

#### **SIGNATURES**

Organizer: MaryJane Anders - 12/12/2024

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

# **ARTICLES OF ORGANIZATION**

Read the Instructions L010i

	•							
1.	ENTITY TYPE — check only one to indica  ■ LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company", "LLC" or L.C.)			The type of entity being formed:  PROFESSIONAL LIMITED LIABILITY COMPANY  (entity name must contain the words "Professional Limited Liability Company", "PLLC" or "PLC")				
2.	• ENTITY NAME - see Instructions L010i for full naming requirements - give the exact name of the LL0							
	18001 N 33RD AVE	NUE, LLC						
з.	B. 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 AGE	NT for ser	vice of proces	s – see Ins	structions L010i			
	<b>4.1</b> 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.				
	A.S., INC. tory Agent Name		V-5-1					
	tion (optional)			Attention (optional)				
914 Addre	1 E. Hidden Spur Tra	ail	- 40	Address 1				
Addre	ess 2 (optional)	AZ	85255	Address 2 (opti	onal)	AZ	T	
City	Scottsdale	State	63233 Zlp	City		State	Zip	
	4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.							
5.	<ul><li>PRINCIPAL ADDRESS:</li><li>5.1 Is the principal address the same as the street address of the statutory agent?</li></ul>						agent?	
			Yes - go to nu	mber 6 and	d continue			
			No – go to num	nber 5.2 ar	nd continue			

5.2	If you answered "No"	to number 5.1,	provide the	principal address below:
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MARYJANE ANDERS		
Attention (optional)		
18007 N. 33rd Avenue		
Address 1	****	
Address 2 (optional)		
Phoenix	AZ	85053
City	State or	Zlp
Country United States	Province	

# 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.

maryjane anders	12-11-2024
Signature	Date
MARYJANE ANDERS	
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.

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# MANAGER STRUCTURE ATTACHMENT

1.	<b>ENTITY NAME</b> - give the exact name of the LLC (foreign LLCs - give name in domicile state or country)
	18001 N 33RD AVENUE, 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.

MaryJane Anders, Trustee of the Anders Name Name Pamily Trust U/T/A dtd October 30, 2015 Address 1 18007 N. 33rd Avenue Address 2 (optional) Phoenix AZ 85053 Phoenix AZ 85053 Phoenix AZ 85053 City UNITED STATES Province Country Manager Member owning 20% or more  3.  Address 2 (optional)	1.			Tá				
Family Trust U/T/A dtd October 30, 2015  Address 1 18007 N. 33rd Avenue  Address 2 (optional) Phoenix  AZ  85053  City UNITED STATES  State or Province  UNITED STATES  Country  Manager  Member owning 20% or more  Address 2 (optional)  Address 1  Address 2 (optional)  City State or Province  Address 2 (optional)  Address 2 (optional)  Address 2 (optional)  Address 3  Address 1  Address 1  Address 1  Address 2 (optional)  Address 3  Address 1  Address 2 (optional)	MaryJane Anders, Trusi	MaryJane Anders						
Address 1   Address 2 (optional)   AZ   85053   Phoenix   AZ   RESTRICT   AZ			20 2015					
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