

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 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 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 LLC:

18001 N 33RD AVENUE, 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 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:

4.2 REQUIRED – mailing address in Arizona of Statutory Agent (can be a P.O. Box):
☐ Check box if same as physical/street address.

W.A.S., INC.

Statutory Agent Name

Attention (optional)

9141 E. Hidden Spur Trail

Address 1

Address 2 (optional)

City Scottsdale

AZ

State

85255

Zip

Address 2 (optional)

City

AZ

State

Zip

4.3 REQUIRED– the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

5. PRINCIPAL ADDRESS:

5.1 Is the principal address the same as the **street address** of the statutory agent?

☐ **Yes** – go to number 6 and continue

☒ **No** – go to number 5.2 and continue

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

MARYJANE ANDERS		
Attention (optional)		
18007 N. 33rd Avenue		
Address 1		
Address 2 (optional)		
Phoenix	AZ	85053
City	State or Province	Zip
United States		
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.

Signature MaryJane Anders Date 12-11-2024

MARYJANE ANDERS

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 (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. ENTITY NAME - 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.

1. MaryJane Anders, Trustee of the Anders Name Family Trust U/T/A dtd October 30, 2015 Address 1 18007 N. 33rd Avenue Address 2 (optional) Phoenix AZ 85053 City State or Province Zip UNITED STATES Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more	2. MaryJane Anders Name Address 1 18007 N. 33rd Avenue Address 2 (optional) Phoenix AZ 85053 City State or Province Zip UNITED STATES Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
3. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	4. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
5. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	6. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more