

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:

GSDAZ 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): <input checked="" type="checkbox"/> Check box if same as physical/street address.	
C T Corporation System			
Statutory Agent Name			
Attention (optional)		Attention (optional)	
Address 1 3800 North Central Avenue, Suite 460		Address 1	
Address 2 (optional)		Address 2 (optional)	
City Phoenix	AZ State	85012 Zip	City State Zip
4.3 REQUIRED - the <u>Statutory Agent Acceptance</u> 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

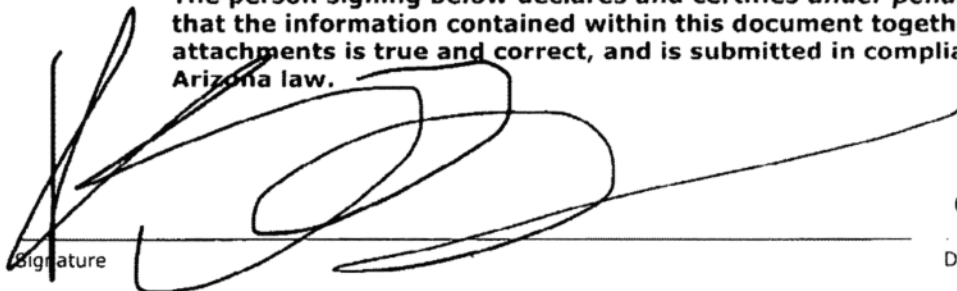
5.2 If you answered "No" to number 5.1, provide the principal address below:

Kyrsten Sinema		
Attention (optional)		
6533 East Grandview Dr.		
Address 1		
Address 2 (optional)		
Scottsdale	AZ	85254
City	State or Province	Zip
Country USA		

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.



01/03/2024

Signature

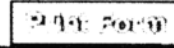
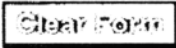
Date

Kyrsten Sinema
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
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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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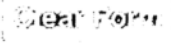
MEMBER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

GSDAZ LLC

2. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another **Member Structure Attachment** form.

1. Kyrsten Sinema Name 6533 East Grandview Dr. Address 1 Address 2 (optional) Scottsdale AZ 85254 City State or Province Zip Country UNITED STATES			2. Name Address 1 Address 2 (optional) City State or Province Zip Country		
3. Name Address 1 Address 2 (optional) City State or Province Zip Country			4. Name Address 1 Address 2 (optional) City State or Province Zip Country		
5. Name Address 1 Address 2 (optional) City State or Province Zip Country			6. Name Address 1 Address 2 (optional) City State or Province Zip Country		
7. Name Address 1 Address 2 (optional) City State or Province Zip Country			8. Name Address 1 Address 2 (optional) City State or Province Zip Country		



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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):

GSDAZ 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:

C T Corporation System

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.

	Theresa Buck, Assistant Secretary	1/2/2025
<small>Signature</small>	<small>Printed Name</small>	<small>Date</small>

REQUIRED – check only one:

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

JAN 03 2025

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

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01/03/2025

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
**** ORDER COPIES USING A RECORDS REQUEST FORM ****

WHAT ARE YOU FILING?

New Entity Change to existing entity Re-submission of rejected filing

ENTITY NAME - give the exact name of the entity as currently shown in A.C.C. records:

GSDAZ LLC

EXPEDITED PROCESSING? **YES** - select 1 option below **NO** - pay only the filing fee

NOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

EXPEDITED PROCESSING, ADD \$35.00

SAME DAY SERVICE, ADD \$200.00

Document will be examined by 5:00pm MST and must be received by 10:00am MST

TWO-HOUR SERVICE, ADD \$400.00

Document will be examined within 2-hours of submission
Must be received by 3:00pm MST

NEXT DAY SERVICE, ADD \$100.00

Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST

PAYMENT:

MOD Account #: 1209 Total amount to deduct: \$450.00

Cash - do not mail cash. We do not accept bills over \$20.00.

Cash may be used only for in-person submittals at the Phoenix office ONLY (Tucson does not accept cash).

Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa or MasterCard.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS

<input checked="" type="checkbox"/> Email	Email address REQUIRED : CLS-CTPhoenixFulfillment@wolterskluwer.com		
	Phone number REQUIRED : 602-248-1145 - C T Corporation System		
<input type="checkbox"/> Pick up	Name:		
	Phone number REQUIRED :		
<input type="checkbox"/> Mail	Name: C T Corporation System		
	Address: 3800 N Central Ave., Suite #460		
	City: Phoenix	State: AZ	Zip: 85012
	Phone number REQUIRED :		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ **DATE:** _____

View current processing times at: <http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf>