

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: DAVENPORT, CPA LLC
ENTITY ID: 23825197
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 05/10/2025
CHARACTER OF BUSINESS: Professional, Scientific, and Technical Services
MANAGEMENT STRUCTURE: Member-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Preston Jon Davenport
PHYSICAL ADDRESS: 4001 N Central Ave, Apt 211, PHOENIX, AZ 85012
MAILING ADDRESS: 4001 N Central Ave, Apt 211, PHOENIX, AZ 85012

PRINCIPAL ADDRESS

4001 N Central Ave, Apt 211, PHOENIX, AZ 85012

PRINCIPALS

Member: Preston Jon Davenport - 4001 N Central Ave, Apt 211, PHOENIX, AZ, 85012, USA - preston.davenport.cpa@gmail.com - Date of Taking Office:

ORGANIZERS

Preston Jon Davenport: 4001 N Central Ave, APT 211, PHOENIX, AZ, 85012, USA, preston.davenport.cpa@gmail.com

SIGNATURES

Organizer: Preston Jon Davenport - 05/09/2025

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:

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 type="checkbox"/> Check box if same as physical/street address.		
Statutory Agent Name			Statutory Agent Name		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		AZ	Address 2 (optional)		AZ
City	State	Zip	City	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:

Attention (optional)		
Address 1		
Address 2 (optional)		
City Country	State or Province	Zip

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

Date

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.