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## **ARTICLES OF ORGANIZATION**

Read the Instructions L010i

	Nedo tre tristractions and tr							
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:						ame of the LLC:	
	AMCE PROPERTIES LL	.c						
3.	PROFESSIONAL LIMIT checked in number 1 above, of firm, accounting, medical):	TED LI	TABILITY COM the professional se	IPANY SE	RVICES - if and on e professional LLC will	ly if profe provide (	ssional LLC is examples: law	
4.	STATUTORY AGENT fo	r serv	ice of process	s – see Ins	structions 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:			<ul> <li>REQUIRED - mailing address in Arizona of Statutory Agent (can be a P.O. Box):</li> <li>Check box if same as physical/street address.</li> </ul>				
	AN WILLIAM MAUREY	,						
Attention (optional)			Attention (optional)					
21549 E. PECAN COURT			P.O. BOX 70 Address 1				_	
City	QUEEN CREEK	AZ State	85142 <sub>Zip</sub>		EN CREEK	AZ State	85142	_
	4.3 REQUIRED— the Statutory	Agent /	Acceptance form M	002 must be	submitted along with t	nese Aru	des of Organization.	_
5.	<ul> <li>5. PRINCIPAL ADDRESS:</li> <li>5.1 Is the principal address the same as the street address of the statutory agent?</li> <li>Yes – go to number 6 and continue</li> <li>No – go to number 5.2 and continue</li> </ul>							

	5.2	If you answered	"No" to number 5	.1, provide the	principa	l address below:	
						-	
		Attention (optional)	-				
		Address 1		-			
		Address 2 (optional)					
		City			State or Province	Zip	
		TE NUMBER		7 407.0	OTU.		
CC	MPLE	IE NUMBER	6 OR NUMBER	/ - NOI B	OIH.		
6.	LLC will compa membe	I be vested in a many) and complete ers and manager	manager or manage and attach ONLY	ers (meaning) the <u>Manager</u> the Manager St	one or m Structure	s box if management of the nore managers will run the Attachment form L040. (Both Attachment.) The filing will be	
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.						
		that the info	mation containe	d within this	docume	nder penalty of law ant together with any in compliance with	
<b>-</b> -€	-	Purste	Ma			05/31/2025	
Sigi	nature		7	7		Date	
AL	LAN WI	LIAM MAUREY					
Prin	ted Name						

Expedited or Same Day/Next Day services are available for an additional fee - see Instructions or Cover sheet for prices.

Arizona Corporation Commission - Examination Section Filing Fee: \$50.00 (regular processing) 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 All fees are nonrefundable - see Instructions. 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 filled 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)
	AMCE PROPERTIES 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.	2.			
ALLAN WILLIAM MAUREY	Claudia del Carmen Estrada Cardenas			
Name	Name			
P.O. BOX 70	P.O. BOX 70			
Address 1	Address 1			
Address 2 (optional)	Address 2 (optional)			
QUEEN CREEK AZ 85142	QUEEN CREEK AZ 85142			
City State or Zip Province	Oty State or Zip  Province			
Country	Country			
l_				
✓ Manager	Manager Member owning 20% or more			
3.	<b>*</b>			
Name	Name			
Address 1	Address 1			
Address 2 (optional)	Address 2 (optional)			
City State or Zip Province	City State or Zip Province			
Country	Country			
Country	Country			
Manager Member owning 20% or more	Manager Member owning 20% or more			
5.	6.			
Name	Name			
Address 1	Address 1			
Address 1	Addition 1			
Address 2 (optional)	Address 2 (optional)			
City State or Zip	City State or Zip			
Country	Country			
Manager Member owning 20% or more	Manager Member owning 20% or more			

Clear Form

Print Form

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## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	riease read	msur	decions Modzi					
1.	ENTITY NAME – give the exact name in Arizona Statutory Agent (this must match exactly the natistatutory agent, e.g., Articles of Organization or AMCE PROPERTIES LLC	me as	s listed on the document appointi	pointed the				
2.	<b>STATUTORY AGENT NAME</b> – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match <b>exactly</b> 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:							
	ALLAN WILLIAM MAUREY							
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.							
		person signing below declares and certifies under penalty of perjury that the information tained within this document together with any attachments is true and correct, and is mitted in compliance with Arizona law.						
	<b>7</b>							
/			LLIAM MAUREY	05/31/2025				
Sign	Printed Nan	ne		Date				
DE	QUIRED - check only one:							
	•							
	Individual as statutory agent: I am signing on behalf of myself as the individual		ntity as statutory agent: I am ehalf of the entity named as statu					
	(natural person) named as statutory agent.		nd I am authorized to act for that					
	(natural person) named as statutory agents		To I dill duction Local to doct for Lines					
	Expedited services are available for an additional	fee -	see Instructions or Cover sheet for p	rices.				
Fili	ing Fee: none (regular processing)	Mail:	Arizona Corporation Commission - Exam					
1	fore are nonrefundable - see Instructions	Fax:	1300 W. Washington St., Phoenix, Arizo 602-542-4100	na 85007				
<u></u>	are he adulted that A.C.C. forms reflect only the minimum provisions required by							

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