

MAY 28 2014



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FILE NO. 4-19291317

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" or "LLC")

PROFESSIONAL LIMITED LIABILITY COMPANY
(entity name must contain the words "Professional Limited Liability Company" or "PLLC")

2. ENTITY NAME – see Instructions L010i for full naming requirements – give the exact name of the LLC:

Grand Towing & Storage L.L.C.

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 OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):	
Gil Negrete Statutory Agent Name			
Attention (optional) 1001 N. Central Ave. Address 1		Attention (optional)	
Suite 660 Address 2 (optional) City Phoenix		Address 1	
AZ 85004 State Zip		Address 2 (optional) AZ State Zip	
4.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Organization.			

5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

- 5.1** Is the Arizona known place of business 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, give the **physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

Gil Negrete Attention (optional)		
1625 W. Latham Address 1		
Address 2 (optional)		
Phoenix City	AZ State or Province	85007 Zip
Country U.S.A.		

6. DURATION – if the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below *and* fill in the corresponding blank:

The LLC's life period will end on this **date**: _____ (enter a date)

The LLC's life period will end upon the occurrence of this event: (describe an event)

COMPLETE NUMBER 7 OR NUMBER 8 – NOT BOTH.

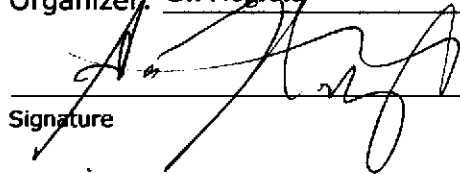
7. MANAGER-MANAGED LLC – *see Instructions L010i* – check this box if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach **ONLY** the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

8. 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.*

9. ORGANIZERS and SIGNATURE – the individual or pre-existing entity submitting this document is the Organizer – list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual acting for that entity, then print the individual's name.

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.

Organizer: Gil Negrete



Signature

05/23/2014

Date

Printed Name (if different from Organizer)

Filing Fee: \$50.00 (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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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.

MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
Grand Towing & Storage L.L.C.

2. **A.C.C. FILE NUMBER** (if known): _____
 Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **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.** Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed - *do not check both member boxes.* If more space is needed, use another Manager Structure Attachment form.

1. Gil Negrete			2. Trina Negrete		
Name 1001 N. Central Ave			Name 1001 N. Central Ave.		
Address 1 Suite 660			Address 1 Suite 660		
Address 2 (optional) Phoenix		State or Province AZ	Address 2 (optional) Phoenix		State or Province AZ
City UNITED STATES		Zip 85004	City UNITED STATES		Zip 85004
Country <input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			Country <input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		
3. Jamie Sparks			4.		
Name 1001 N. Central Ave			Name		
Address 1 Suite 660			Address 1		
Address 2 (optional) Phoenix		State or Province AZ	Address 2 (optional)		State or Province
City UNITED STATES		Zip 85004	City		Zip
Country <input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		
5.			6.		
Name			Name		
Address 1			Address 1		
Address 2 (optional)		State or Province	Address 2 (optional)		State or Province
City		Zip	City		Zip
Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			Country <input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		