

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify
that the attached copy of the following document:

ARTICLES OF ORGANIZATION, 06/13/2017

consisting of 2 pages, is a true and complete copy of the original of said
document on
file with this office for:

STATESERV MEDICAL OF PHOENIX, LLC
ACC file number: L21947182



IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of the Arizona
Corporation Commission on this 1 Day of May, 2025
A.D.

Douglas R. Clark

Douglas R. Clark, Executive Director

By: *Irish Carther*

IRIS CARTHER

AZ CORPORATION COMMISSION
FILED

JUN 13 2017

AZ Corp. Commission



05959441

FILE NO. 6-21947182

ARTICLES OF ORGANIZATION

OF

STATESERV MEDICAL OF PHOENIX, LLC

Pursuant to Arizona Revised Statutes Section 29-632, the undersigned states as follows:

ARTICLE I - NAME

The name of the limited liability company shall be STATESERV MEDICAL OF PHOENIX, LLC (the "Company").

ARTICLE II - KNOWN PLACE OF BUSINESS

The Company's known place of business shall initially be 2130 East University Drive, Tempe, Arizona 85281. The Company may hereafter change the address of its known place of business in accordance with applicable law and without amending these Articles of Organization.

ARTICLE III - DURATION OF EXISTENCE

Unless sooner terminated pursuant to applicable law or the terms and conditions of the Operating Agreement of the Company, the Company shall have perpetual existence.

ARTICLE IV - MANAGEMENT AND MEMBERS

The management of the Company is vested in a manager or managers. The following are the names and addresses of the manager and each member who owns a twenty percent (20%) or greater interest in the Company:

Manager:

Paul DiCosmo
2130 E. University Dr.
Tempe, AZ 85281

Members Owning 20% or Greater Interest:

The StateServ Companies, LLC
2130 E. University Dr.
Tempe, AZ 85281

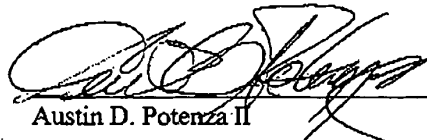
ARTICLE V - LIABILITY

Except as provided in Arizona Revised Statutes Title 29, Chapter 4, a member, manager, employee, officer or agent of this Company is not liable, solely by reason of being a member, manager, employee, officer or agent, for the debts, obligations and liabilities of the Company, whether arising in contract or tort, under a judgment, decree or order of a court or otherwise.

ARTICLE VI - STATUTORY AGENT

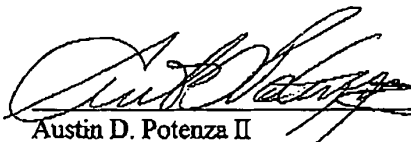
Austin D. Potenza II, with offices at 201 North Central Avenue, 22nd Floor, Phoenix, Arizona 85004-0608, is hereby appointed the initial Statutory Agent of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of this 13th day of June, 2017.


Austin D. Potenza II

ACCEPTANCE OF APPOINTMENT AS STATUTORY AGENT

The undersigned, Austin D. Potenza II, having been designated to act as statutory agent for STATESERV MEDICAL OF PHOENIX, LLC, an Arizona limited liability company, hereby consents to act in that capacity until removed or resignation is submitted in accordance with Arizona Revised Statutes.


Austin D. Potenza II

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify
that the attached copy of the following document:

ARTICLES OF AMENDMENT, 07/14/2022

consisting of **4** pages, is a true and complete copy of the original of said
document on
file with this office for:

STATESERV MEDICAL OF PHOENIX, LLC
ACC file number: L21947182



IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of the Arizona
Corporation Commission on this 1 Day of May, 2025
A.D.

Douglas R. Clark

Douglas R. Clark, Executive Director

By: *Irish Carther*

IRIS CARTHER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: STATESERV MEDICAL OF PHOENIX, LLC
ENTITY ID: L21947182
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Any legal purpose
MANAGEMENT STRUCTURE: Manager-Managed

FORMER ENTITY NAME No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: MPBG Service, LLC
PHYSICAL ADDRESS: Attn: Austin Potenza, 1850 N. Central Avenue, Suite 1600,
PHOENIX, AZ 85004
MAILING ADDRESS: 1850 N. Central Avenue, Suite 1600, PHOENIX, AZ 85004

KNOWN PLACE OF BUSINESS

1201 S ALMA SCHOOL ROAD SUITE 4000, MESA, AZ 85210

PRINCIPALS

Manager: PAUL DICOSMO - 1201 S ALMA SCHOOL ROAD SUITE 4000, MESA, AZ, 85210, USA - - Date of Taking Office:

Member: THE STATESERV COMPANIES LLC - 1201 S ALMA SCHOOL ROAD SUITE 4000, MESA, AZ, 85210, USA - - Date of Taking Office:

SIGNATURE

Manager: PAUL DICOSMO - 07/14/2022

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT*Read the Instructions L015i*

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

STATESERV MEDICAL OF PHOENIX, LLC

CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

2. ☐ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space below:

3. ☒ **MEMBERS CHANGE (CHANGE IN MEMBERS)** – *see Instructions L015i* – Use one block per person -
 To REMOVE a member - list the name only of the member being removed and check "Remove member."
 To ADD a member - list the name and address of the member being added and check "Add member."
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
 To CHANGE NAME of existing member - list the current name, then the NEW name, and check "Name change."
 If more space is needed, complete and attach the Amendment Attachment for Member form L044.

1. THE STATESERV COMPANIES LLC				2.			
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name 1201 S ALMA SCHOOL RD SUITE 4000				NEW Name			
Address 1				Address 1			
Address 2 (optional) MESA		State or Province AZ	Zip 85210	Address 2 (optional)		State or Province	Zip
City UNITED STATES	State or Province	Zip	City	State or Province	Zip	City	State or Province
Country <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				Country <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			
3.				4.			
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
Address 1				Address 1			
Address 2 (optional)		State or Province	Zip	Address 2 (optional)		State or Province	Zip
City	State or Province	Zip	City	State or Province	Zip	City	State or Province
Country <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				Country <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			

4. ☒ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person –**
 To REMOVE a manager - list the name only of the manager being removed and check "R"
 To ADD a manager - list the name and address of the manager being added and check "Add manager."
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
 To CHANGE NAME of existing manager - list the current name, then the NEW name, and check "Name change."
 If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

1. PAUL DICOSMO			2.		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name 1201 S ALMA SCHOOL RD SUITE 4000			NEW Name		
Address 1			Address 1		
Address 2 (optional) MESA		AZ	85210		
City	UNITED STATES	State or Province	Zip	City	State or Province
Country			Country		
<input checked="" type="checkbox"/> Address change		<input type="checkbox"/> Add manager		<input type="checkbox"/> Address change	
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove manager		<input type="checkbox"/> Name change	
<input type="checkbox"/> Address change		<input type="checkbox"/> Add manager		<input type="checkbox"/> Address change	
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove manager		<input type="checkbox"/> Name change	

5. ☐ **MANAGEMENT STRUCTURE CHANGE – see Instructions L015i –** check only one box below and follow instructions. **All persons will be listed on the appropriate Attachment form.**
- ☐ CHANGING TO **MANAGER-MANAGED LLC** – complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- ☐ CHANGING TO **MEMBER-MANAGED LLC** – complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*

6. <input checked="" type="checkbox"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:					
6.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			6.2 REQUIRED – mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box):		
MPBG SERVICE, LLC			<input checked="" type="checkbox"/> Check box if same as street address.		
Statutory Agent Name (required) AUSTIN POTENZA					
Attention (optional) 1850 N CENTRAL AVE STE 1600			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		AZ	85004		
City	PHOENIX	State	Zip	City	State
6.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.					

7. <input type="checkbox"/> STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and 7.2:					
7.1 NEW physical or street address (not a P. O. Box) in Arizona of the existing statutory agent:			7.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City		State	Zip	City	State

8. ☐ **PRINCIPAL ADDRESS CHANGE:**

8.1 Is the NEW principal address the same as the street address of the statutory agent?

- ☐ Yes - go to number 9 and continue
- ☐ No - go to number 8.2 and continue

8.2 If you answered "No" to number 8.1, give the **NEW principal address** (can be outside of Arizona and can be a P.O. Box.)

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

9. ☐ **ENTITY TYPE CHANGE** - if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 10 must also be completed.
- ☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

10. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the **NEW** type of professional services the professional LLC will render:11. ☐ **OTHER AMENDMENT** - if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

 ☒ I ACCEPT

PAUL DICOSMO 07/12/2022

Signature Printed Name Date (mm/dd/yy)

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am an individual authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document.

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

Filing Fee: \$25.00 (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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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.

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify
that the attached copy of the following document:

AMENDED AND RESTATED ARTICLES OF ORGANIZATION, 10/10/2023

consisting of 4 pages, is a true and complete copy of the original of said
document on
file with this office for:

STATESERV MEDICAL OF PHOENIX, LLC
ACC file number: L21947182



IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of the Arizona
Corporation Commission on this 1 Day of May, 2025
A.D.

Douglas R. Clark

Douglas R. Clark, Executive Director

By: *Iris Carther*

IRIS CARTHER

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
STATESERV MEDICAL OF PHOENIX, LLC**

(Pursuant to § 29-3202 of the Arizona Revised Statutes)

STATESERV MEDICAL OF PHOENIX, LLC, (the "Company") a limited liability company organized and existing under and by virtue of the provisions of the Arizona Revised Statutes (the "Code"), does hereby certify:

A. The present name of the Company is STATESERV MEDICAL OF PHOENIX, LLC.

B. The original Articles of Organization of the Company were filed with the Arizona Corporation Commission on June 13, 2017, and amended by filing Articles of Amendment with the Arizona Corporation Commission on June 14, 2022.

C. These Amended and Restated Articles of Organization of the Company, which amend and restate the Company's Articles of Organization in their entirety, have been duly adopted pursuant to the provisions of § 29-3202 of the Code.

D. These Amended and Restated Articles of Organization of the Company restate and integrate and further amend the Articles of Organization of the Company as herein set forth in full:

1. Name. The name of the Company is **STATESERV MEDICAL OF PHOENIX, LLC**.

2. Registered Office. The street and mailing address of the company's registered agent in the state of Arizona 3800 North Central Avenue, Suite 460, Maricopa County, Phoenix, Arizona 85012. The name of the registered agent at such address is C T Corporation System.

3. Management. The Company will be manager-managed. Managers may be appointed from time to time by the Company's members in accordance with the terms of the Company's limited liability company operating agreement then in-effect. The name of the initial sole manager is The StateServ Companies, L.L.C. The address of the initial sole manager is 1201 S Alma School Rd, Suite 4000, Mesa, AZ 85210.

4. Member. The name of the member that owns a twenty percent (20%) or greater interest in the capital or profits of the Company is The StateServ Companies, L.L.C. The address of such member is 1201 S Alma School Rd, Suite 4000, Mesa, AZ 85210.

5. Duration. The duration of the Company is perpetual.

6. Principal Office. The address of the Company's principal executive office in the State of Arizona and Maricopa County is 1201 S Alma School Rd, Suite 4000, Mesa, AZ 85210.

IN WITNESS WHEREOF, the undersigned Authorized Person has duly executed these Amended and Restated Articles of Organization as of October 6, 2023.

DocuSigned by:

By:

Elliot Amundson

Name: ~~Elliot Amundson~~

Title: Authorized Person

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

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):

STATESERV MEDICAL OF PHOENIX, LLC

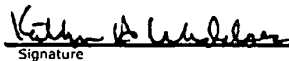
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (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.



Kathryn A. Widdoes- Assistant Secretary

10/09/2023

Signature

Printed Name

Date

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. |
|--|--|

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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