

# 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, 07/31/2014

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 TEXAS, LLC**  
**ACC file number: L19429334**



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**



04741762

**AZ CORPORATION COMMISSION**  
**FILED**

JUL 31 2014

FILE NO. L19429334

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:**  
**STATESERV MEDICAL OF TEXAS, 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):**

<b>4. STATUTORY AGENT for service of process - see Instructions L010i</b>			
<b>4.1 REQUIRED</b> - 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:		<b>4.2 OPTIONAL</b> - mailing address in Arizona of Statutory Agent (can be a P.O. Box):	
AUSTIN D. POTENZA II Statutory Agent Name			
Attention (optional) 201 N CENTRAL AVE., 22ND FL. Address 1		Attention (optional)	
Address 2 (optional)		Address 2 (optional)	
City PHOENIX	State AZ Zip 85004	City	State AZ Zip
<b>4.3 REQUIRED</b> - the Statutory Agent Acceptance 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:

PAUL DICOSMO Attention (optional)		
2130 E UNIVERSITY DR. Address 1		
Address 2 (optional)		
City TEMPE	State AZ Zip 85281	
Country U.S.A.	State or Province	Zip

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)

DISSOLUTION

**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: THE STATESERV COMPANIES, LLC

Signature

Date

PAUL DICOSMO

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

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 records 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.

LD10.002  
Rev 2014

Arizona Corporation Commission - Corporations Division  
Page 2 of 2

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

**MANAGER STRUCTURE ATTACHMENT**

1. **ENTITY NAME** - give the exact name of the LLC (foreign LLCs - give name in domicile state or country):  
**STATESERV MEDICAL OF TEXAS, LLC**

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. <b>PAUL DICOSMO</b> Name <b>2130 E UNIVERSITY DR.</b> Address 1	2. <b>THE STATESERV COMPANIES, LLC</b> Name <b>2130 E UNIVERSITY DR.</b> Address 1
Address 2 (optional) <b>TEMPE</b> <b>AZ</b> <b>85281</b> City State or Province Zip	Address 2 (optional) <b>TEMPE</b> <b>AZ</b> <b>85281</b> City State or Province Zip
Country <input type="checkbox"/> 20% or more member <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	Country <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member
3. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	4. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member
5. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member	6. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> 20% or more member <input type="checkbox"/> Manager <input type="checkbox"/> Less than 20% member

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

**STATUTORY AGENT ACCEPTANCE***Please read Instructions MO02i*

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 Article of Incorporation):

STATESERV MEDICAL OF TEXAS, LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ):

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. **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:

AUSTIN D. POTENZA II**STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 3 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.

  
SignatureAUSTIN D. POTENZA II

Printed Name

07/31/2014

Date

**REQUIRED** – check only one:☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual☐ **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.

Filing Fee: none (regular processing)

Expedited processing – (available only if this form is submitted by itself) 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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# 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, 07/15/2022

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 TEXAS, LLC**  
**ACC file number: L19429334**



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**

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

### LIMITED LIABILITY COMPANY

#### ENTITY INFORMATION

ENTITY NAME: STATESERV MEDICAL OF TEXAS, LLC  
ENTITY ID: L19429334  
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 D Potenza II, 1850 N. Central Avenue, Suite 1600,  
PHOENIX, AZ 85004  
MAILING ADDRESS: Attn: Austin D Potenza II, 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 - 07/15/2022

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

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 type="checkbox"/> <b>STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:</b>					
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): <input type="checkbox"/> Check box if same as street address.		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		State	Address 2 (optional)		State
City		Zip	City		Zip
6.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.					

7. <input type="checkbox"/> <b>STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and 7.2:</b>					
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)		State	Address 2 (optional)		State
City		Zip	City		Zip

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 <b>individual</b> authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an <b>entity</b> 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 TEXAS, LLC**  
**ACC file number: L19429334**



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 TEXAS, LLC**

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

**STATESERV MEDICAL OF TEXAS, 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 TEXAS, LLC**.
- B. The original Articles of Organization of the Company were filed with the Arizona Corporation Commission on July 31, 2014, and amended by filing Articles of Amendment with the Arizona Corporation Commission on July 15, 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 TEXAS, 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 TEXAS, LLC

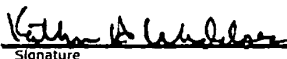
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent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

☐ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☒ **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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