AZ CORPORATION COMMISSION
FILED

MAY 07 2014

FILE NO. L1924543-3

AZ Corp. Commission
04646191

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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:

Phoenix Collegiate Academy Elementary, 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** *OPTIONAL* – mailing address in Arizona of Statutory Agent (can be a P.O. Box):		
Phoenix Collegiate Academy, Inc.					
Statutory Agent Name					
CEO					
Attention (optional)			Attention (optional)		
5610 S. Central Ave.					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Phoenix	AZ	85040		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. 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:

Attention (optional)		
Address 1		
Address 2 (optional)	AZ	
City	State or Province	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: Phoenix Collegiate Academy, Inc.

Signature _____ Date 05/07/2014

Akshai J. Patel, COO

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 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):
   Phoenix Collegiate Academy Elementary, 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. Phoenix Collegiate Academy, Inc. Name 5610 S. Central Ave. Address 1 Address 2 (optional) Phoenix / AZ / 85040 City / State or Province / Zip Country ☑ Manager ☑ 20% or more member ☐ Less than 20% member	2. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member
3. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member	4. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member
5. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member	6. Name Address 1 Address 2 (optional) City / State or Province / Zip Country ☐ Manager ☐ 20% or more member ☐ Less than 20% member