

DO NOT PUBLISH THIS SECTION

ARTICLE 1

The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "LLC," "L.C.," "LLC" or "LC". If you are the holder or assignee of a tradename or trademark, attach Declaration of Tradename Holder form.

ARTICLE 2

May be in care of the statutory agent.

ARTICLE 3

The statutory agent must provide a street address. If statutory agent has P.O. Box, then they must also provide a street address/location. The agent must sign the Articles or provide a consent to acceptance of appointment.

The agent must consent to the appointment by executing the consent.

ARTICLES 4

Complete this section only if you desire to select a date or occurrence when the company will dissolve. If perpetual duration is desired, leave this section blank.

AZ CORPORATION COMMISSION
FILED

"EXP"

DEC 02 2004

ARTICLES OF ORGANIZATION

FILE NO. L-1167388-5

A.R.S. §29-632

1. Name. The name of the limited liability company is:

Family Mediation Center Publishing Co., LLC

2. Known Place of Business. The address of the company's known place of business in Arizona is:

7520 E. 2nd St., Ste. 3
Scottsdale, AZ 85251

3. Statutory Agent. (In Arizona) The name and street address of the statutory agent of the company is:

Allison Quattrocchi
7520 E. 2nd St., Ste. 3
Scottsdale, AZ 85251

Acceptance of Appointment By Statutory Agent

I Allison Quattrocchi, having been designated to act as
(Printed Name)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Allison Quattrocchi
Signature of Statutory Agent

[If signing on behalf of a company serving as
statutory agent, print company name here]

4. Dissolution. The latest date, if any, on which the limited liability company must dissolve is:

AZ Corp. Commission
01074033

888289

PAID
85.00

9899 12/6/04

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ARTICLE 5

Check which management
structure will be applicable to
your company. Provide
name, title and address for
each person.

5. Management.

L-1167388-5

- ☐ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: _____
[] member [] manager [] member [] manager

Address: _____

City, State, Zip: _____

Name: _____
[] member [] manager [] member [] manager

Address: _____

City, State, Zip: _____

- ☒ Management of the limited liability company is reserved to the members.
The names and addresses of each person who is a member are:

Name: Allison Quattrocchi
[] member [] member

Address: 7520 E 2nd St

City, State, Zip: Scottsdale, AZ 85251

Name: _____
[] member [] member

Address: _____

City, State, Zip: _____

The person(s) executing
this document need not be
manager or member(s) of
the company.

EXECUTED this 1 day of December 2004

Allison Quattrocchi
[Signature] [Signature]

Allison Quattrocchi
[Print Name Here] [Print Name Here]

Your fax and phone
number is optional.

PHONE 480 949 9511 FAX 480 949 8814

Use the following form only if you have, or have been assigned, a pre-existing tradename or trademark. Please select and complete the applicable section, do not complete both sections, use one or the other. Then indicate your title, sign and date the document.

DECLARATION OF HOLDER OF TRADENAME	
I/We <u>Allison Quattrocchi</u> the undersigned	
incorporator(s)/Officer(s) of <u>Family Mediation Center Publishing Co., LLC</u>	
<input checked="" type="checkbox"/> a proposed Arizona corporation/limited liability company	<input type="checkbox"/> a foreign corporation/limited liability company organized under the laws of <u>Arizona</u> , under penalty of
Jurisdiction/State	
law do hereby attest that:	
I/We am the holder(s) of the <input checked="" type="checkbox"/> Tradename <input type="checkbox"/> Trademark	
<u>Family Mediation Center</u>	
on file with the Office of the Arizona Secretary of State.	

DECLARATION OF TRADENAME ASSIGNEE	
I/We _____ the undersigned	
incorporator(s)/Officer(s) of _____	
<input type="checkbox"/> a proposed Arizona corporation/limited liability company	<input type="checkbox"/> a foreign corporation/limited liability company organized under the laws of _____, under penalty of
Jurisdiction/State	
law do hereby attest that:	
I/We am the assignee(s) of the <input type="checkbox"/> Tradename <input type="checkbox"/> Trademark	

and that an assignment authorizing the undersigned to use this name for any and all lawful business purposes has been filed with the Office of the Arizona Secretary of State.	

Name(s) Allison Quattrocchi

Address(es): 7520 E 2nd St
Scottsdale, AZ 85251

Signature(s): Allison Quattrocchi

Date: 11/4/04

Title(s): CEO

PLEASE NOTE: Pursuant to A.R.S. §§10-1632.A. & 10-11633.A, any person who signs any statement with the commission that is known to the person as false in any material respect is guilty of a **class 5 felony**. Please make sure that you are the holder or assignee of the tradename/trademark before signing.

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET**

THIS DOCUMENT SUBJECT TO PUBLIC RECORD - Important: use a separate cover sheet for each document

Regarding (Name/proposed name for Corp./LLC):

Family Mediation Center Publishing Co., LLC

Please Check or Complete the Appropriate Sections:

A. 1. ☒ NEW Entity Filing ☐ CHANGE to Existing Entity ☐ Resubmission/Corrected Document

2. ☒ Domestic (from Arizona) ☐ Foreign (organized in another state or country)

3. ☐ Profit/Business Corporation (B) ☐ Nonprofit Corporation (NP) ☒ LLC ☐ Trust ☐ Other

4. Payment ☒ Check # 9899 ☐ Cash ☐ MOD account # _____
Amount: \$ 85.00 ☐ No fee required ☐ See attached distribution of funds instructions

5. Processing ☐ Expedited (Priority service, \$35 Additional Fee Per Document)
 ☐ Regular (usually 2-4 months)

B. Filing Type: (Check one only)

☐ Articles of Domestication

☐ Articles of Incorporation

☒ Articles of Organization

☐ Application to Transact Business(B)

☐ Application to Conduct Affairs (NP)

☐ Application for New Authority

☐ Application for Registration

☐ Articles of Amendment

☐ Articles of Amendment & Restatement

☐ Publication of _____

☐ Articles of Correction

☐ Merger of (name): _____

Into: _____

☐ Other: _____

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DEC 03 2004

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

C. Special Instructions: _____

D. Extras:

☐ Certified Copies- _____ (Qty. @ \$5 ea. for corps or \$10 ea. for LLCs)

☐ Good Standing Certificate- _____ (Qty. @ \$10 ea.)

☐ Expedite Certified Copies (\$35 extra)

☐ Expedite Good Standing (\$35 extra)

E. RETURN DELIVERY VIA: ☒ Mail or ☐ Pick Up or ☐ Fax # ()

The following individual should be called to pick up completed documents:

Name: _____

Phone: () _____

Pick-up by: _____

Date: _____

Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:

Name: Allison Quattrocchi

Firm: Family Mediation Center

Address: 7520 E. 2nd St., Ste. 3

City, State, Zip: Scottsdale, AZ 85251