4. **Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s):** (Only required for a Professional LLC Company)

5. **Dissolution: The latest date of Dissolution**

☐ The latest date to dissolve ___/___/_____ (Please enter month, day and four digit year)

☒ The Limited Liability Company is Perpetual

6. **Management Structure:** (Check one box only) A.R.S. §29-632(C)

A. ☒ RESERVED TO THE MEMBER(S)
IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED

B. ☐ VESTED IN MANAGER(S)
IF VESTED IN THE MANAGER BOX, AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name PAUL PALMASTER	Name KEVIN KERKELA
☒ Member ☐ Manager (only if "B" is selected above)	☒ Member ☐ Manager (only if "B" is selected above)
Address: 1354 W ESCARPA	Address: PO BOX 11777
City: MESA State: AZ Zip: 85201	City: TEMPE State: AZ Zip: 85284
Name	Name
☐ Member ☐ Manager (only if "B" is selected above)	☐ Member ☐ Manager (only if "B" is selected above)
Address:	Address:
City: State: Zip:	City: State: Zip:

IF YOU NEED MORE SPACE FOR OTHER MANAGERS OR MEMBERS PLEASE ATTACH THE ADDITIONAL NAMES IN BLURBLE OF SUBMISSION.

Executed this 27 day of SEPT 2010

Executed by: _____ Print Name PAUL PALMASTER

If signing on behalf of a company, please print the company name here.

Phone Number: 602-618-8115 Fax Number: _____

DO NOT NUMBER THIS SECTION
4. Only required for professional limited liability company. The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

5. The latest date, if any, on which the Company must dissolve. If a dissolution date should include the month, day and year. Perpetual means continuing forever or indefinitely.

6. Check which one represents how you want the business to be managed. Provide name, title and address for each person.

6A. If reserved to the member(s), check the member's box and provide the name(s) and address (es) of each member. NOTE: If reserved to the member(s) you cannot list any manager.

6B. If vested in manager(s), check the manager's box and provide the name(s) and address (es) of each manager and each member who owns a power (50%) percent or greater interest in the capital or profits of the LLC (PLLC).

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

AZ CORPORATION COMMISSION
FILED

SEP 17 2013

AZ Corp. Commission
03210987

FILE NO. L-16292294

DO NOT WRITE ABOVE THIS LINE; FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

DO NOT PUBLISH THIS SECTION
NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional service. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "LLC", or "L.C." A professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "PLLC", or "P.L.C."

2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK.

3. If the statutory agent has a PO BOX address they must also provide a physical address or description of the location.

The agent must sign to accept or decline written consent to acceptance of the appointment.

Select one. This form may be used for:

☒ ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-603)

☐ ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-641.01)

1. The name of the organization:

A. _____
LLC Name Reservation File Number (if one has been obtained). If not, leave this line blank.

B. CONSUMER DEBT DEFENSE, LLC
Limited Liability Company Name

2. Known place of business in Arizona (if same as the same as the street address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)

Address 1354 W ESCARPA

City MESA State AZ Zip 85201

3. The name and street address of the statutory agent in Arizona

Name PAUL PAUMASTER

Address 1354 W ESCARPA

City MESA State AZ Zip 85201

Acceptance of Appointment by Statutory Agent

I PAUL PAUMASTER having been designated to act as
(Print Name of the Statutory Agent)

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

Agent Signature: _____

_____
If signing on behalf of a company, please print the company name here