Building Safety 480-644-4273
Fax 480-644-2418

City of Mesa

Construction Permit

PMT23-17166

Development Services
P.O. Box 1466 Mesa,
Arizona 85211-1466
www.mesaaz.gov

Record: **PMT23-17166**

Issued On:

Printed On: **12/20/2023**

Project Address: 457 W NOPAL AVE, MESA, AZ 85210

Zoned: RS-6 PAD

Subdivision: RANCHO DEL MAR UNIT 1 LOT 1-254 TR A-C

Lot: 27

Assessor Parcel: 31002027

Census Tract: 422216

Sales Tax Code: 041000

Classification: Non-Structural

Units:

Buildings:

Valuation: $0.00

Occ Grp	Const Type	SqFt	Occ Load
R-5 Livable	VB	2039	
	Total SQ FT :	**2039**	

OWNER: EB PROPERTY GROUP 1 LLC

Address: 7600 E DOUBLETREE RANCH RD STE 100
SCOTTSDALE, AZ 85258

Telephone:

Fax:

CONTRACTOR:

Address:

Telephone:

Fax:

Fees:

Duplicate Certificate of Occupancy - Existing building more than 12 months after original C of O is	$120.00
Technology Fee	$4.80
Total Fees:	$124.80

CONDITIONS

Building Inspections Required - Building Inspections Required

INSPECTION REQUESTS

To request an inspection online, log into your account and enter the permit number. Click the down arrow under 'Record Info' and click on 'Inspections'. Click 'Schedule or Request an Inspection' and select the type of inspection. Select the date, time, and click 'Continue'. Enter notes for the inspector if necessary and then click 'Finish'. Your inspection is now scheduled

REMARKS

R-5 FOUR (4) OR FEWER RESIDENTS. Residential Care Facility does not meet separation requirements – limited to four (4) or fewer residents, excluding staff, per Mesa Zoning Code (MZO). Application for name change only Certificate of Occupancy. MBC 310.6. R-5 occupancy group. VB Construction. The Mesa Zoning Code defines Family as an individual or two (2) or more individuals related by blood, marriage or adoption, or a group of no more than four (4) unrelated individuals, living together as a single housekeeping unit. A family includes a couple in a domestic relationship and biological, adopted, and foster children of either partner. The term family includes unrelated persons with developmental disabilities (as defined in A.R.S. § 36-581) living together in compliance with A.R.S. § 36-582. Chapter 87 – definitions. No skilled nursing services. No construction work under this permit. No inspection required.

Record: **PMT23-17166**

Issued On:

Printed On: **12/20/2023**

NOTICE: PERMIT AUTHORIZES CONSTRUCTION ONLY PURSUANT TO PLANS REVIEWED FOR CODE COMPLIANCE AND APPLICABLE LAWS AND ORDINANCES. PERMIT DOES NOT NEGATE APPLICABLE PRIVATE COVENANTS, CONDITIONS, AND RESTRICTIONS. CONTRACT WORK SHALL BE PERFORMED BY PROPERLY LICENSED CONTRACTORS WITH VALID MESA AND STATE PRIVILEGE SALES TAX LICENSES. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ADANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

x _____

AUTHORIZED AGENT OWNER SIGNATURE DATE

Certificate of Occupancy
Building Safety Division

This Certificate is issued pursuant to the requirements of the Mesa Administrative Code, Section 4-1-6 (B), which became effective February 10, 2019, certifying that on this date the structure and site listed below is in compliance with said Code (International Codes) and with Title XI, of the Mesa City Code entitled "Zoning" and with the various ordinances of the City regulating building construction and use insofar as ascertained by the undersigned:

Building Permit #: PMT23-17166

Owner's Name: EB PROPERTY GROUP 1 LLC

Owner's Address: 7600 E DOUBLETREE RANCH RD STE 100, SCOTTSDALE, AZ, 85258

Project Address: 457 W NOPAL AVE, MESA, AZ 85210

Project Name: Wellness Care LLC

OCCUPANCY:

Occupancy Group	Constr Type	Sq Ft	Occ Load
R-5 Livable	VB	2039	
	Total SQ FT :	**2039**	

Zoning District: RS-6 PAD

Special Stipulations/Conditions: No Fire Sprinklers Required
Up to 4 Residents Excluding Staff

Deputy Director/Building Official: John Sheffer **Date:** 12/20/2023

ANY ALTERATIONS OR CHANGES TO THE OCCUPANCY ABOVE SHALL VOID THIS CERTIFICATE.
POST AND MAINTAIN THIS CERTIFICATE IN A CONSPICUOUS PLACE.

Narrative Report

Staff Qualifications:

Wellness Care LLC is proud to serve our clients with a diverse and experienced paid staff. Using the hand in hand management style, our clients will observe the example of a consistent individual caring for their family (our clients).

The facility will be staffed accordingly:

-1 overnight staff (awake) 7 days per week

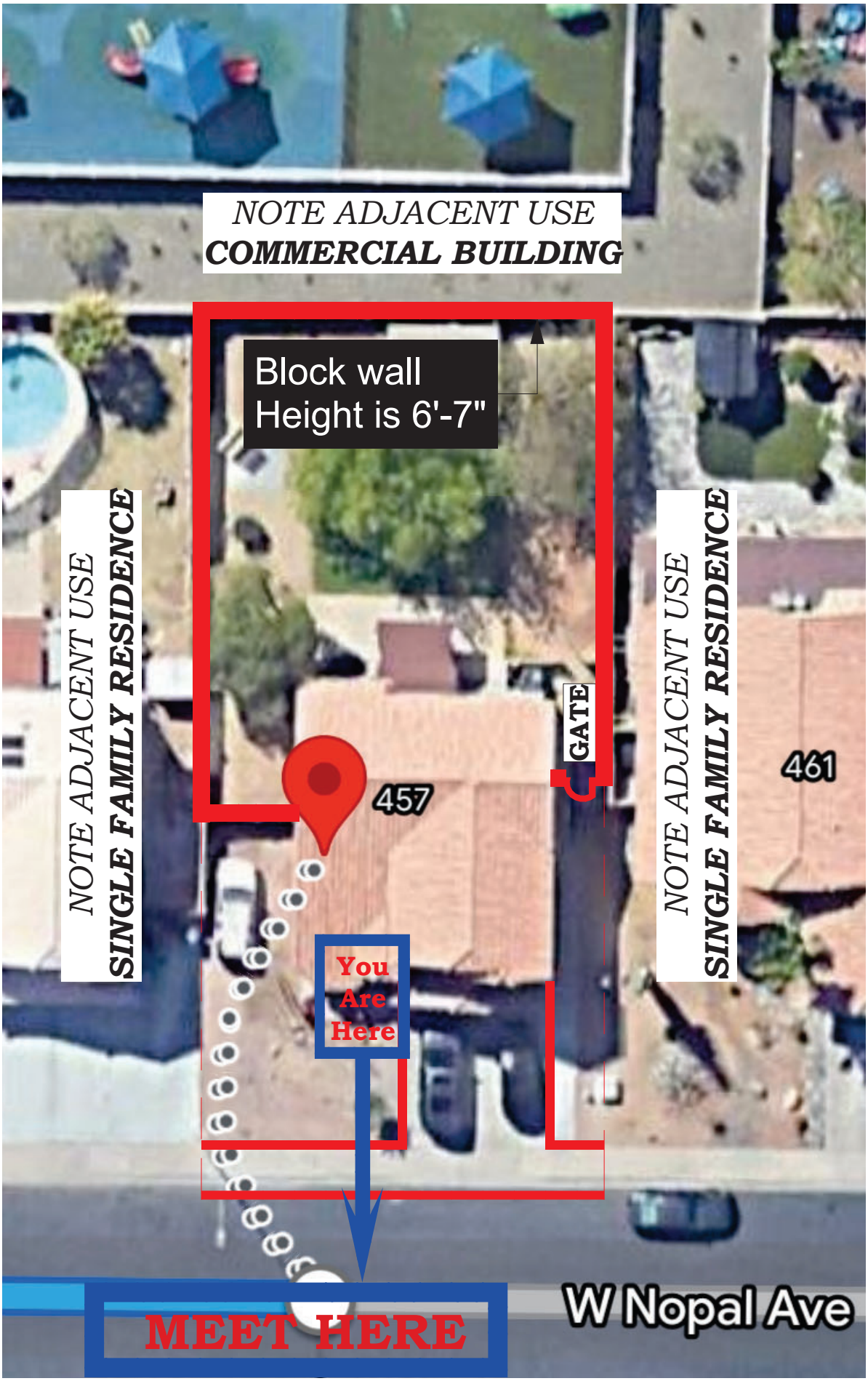
-1 BHT's day time staff

-Staff meeting DHS requirements for BHT and BHP.

-Fingerprinting and background checks completed

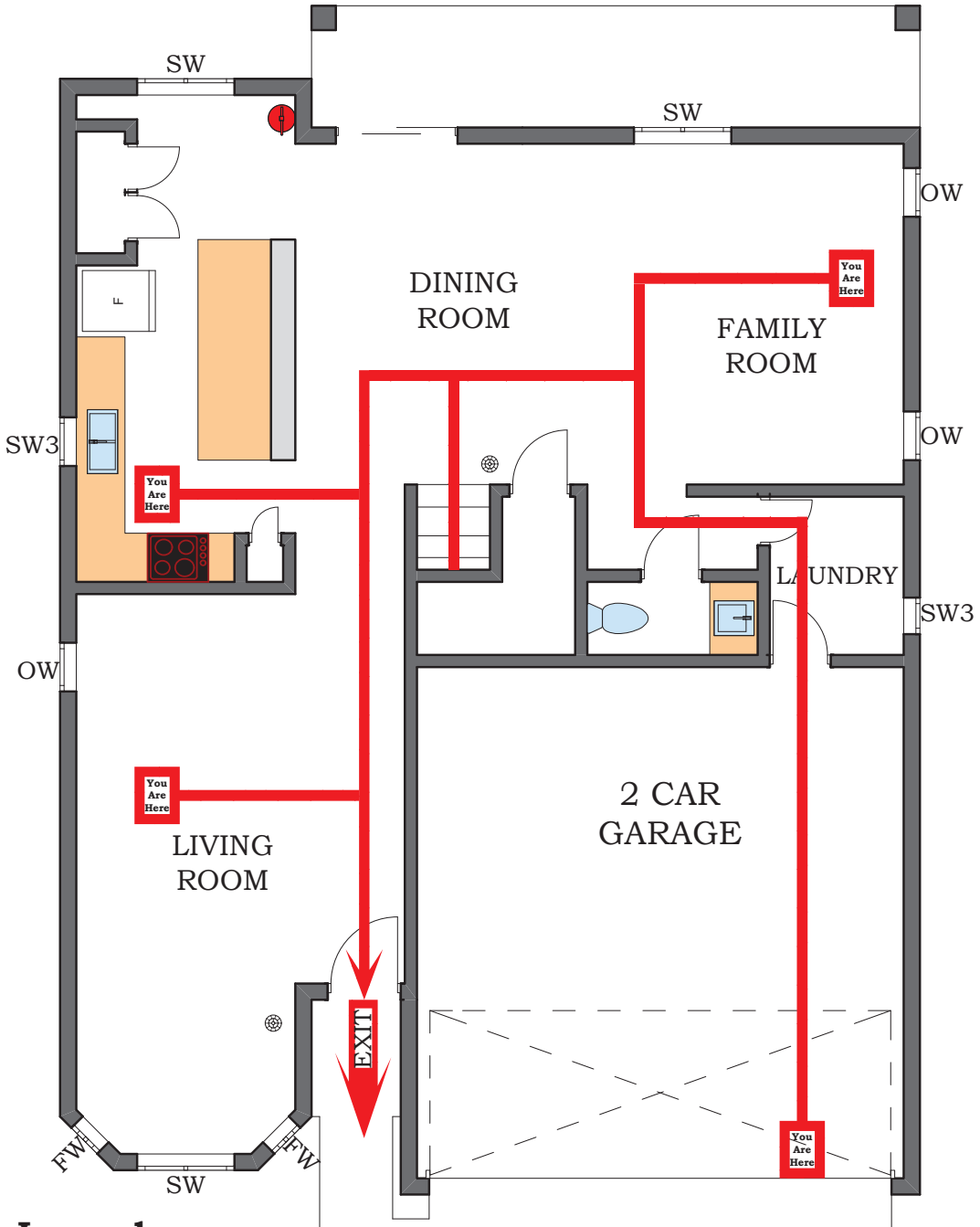
Wellness Care LLC is committed to meeting all of the municipality requirements for operating a Behavioral Health home within the Mesa limits. These are not limited and include:

A. We will maintain appropriate city licenses
B. We will maintain an active DHS license
C. Schedule and have conducted annual inspections by the Superstition Fire and Medical
D. We will not have more than 1 employees reside at the home
E. We will not have more than 4 clients residing in home at one time
F. Residents placed within the home will have a designation of Level 1 or Level 2
G. Any floor plan changes reported to city for approval
H. No exterior changes to alter character of home or surrounding area
I. No outdoor operation or activity noticeable beyond property line
J. No hazardous activities or materials



Name: Wellness Care, LLC		**Address:** 457 W Nopal Ave, Meas AZ, 85210.	**SITE PLAN**
Contact: Cell # 612-412-6273			*(2 story home)*

PMT23-17166



Legend

- EXIT — Main Exits
- OW — Overhang Window(2x4)
- FW — Fixed Window
- Ventilator
- SW2 — Sliding Window(4x3)
- Pressurized Extinguisher
- SW — Sliding Window(4x4)
- Smoke & Heat Detector
- SW3 — Sliding Window(1.6x2)

DRIVEWAY

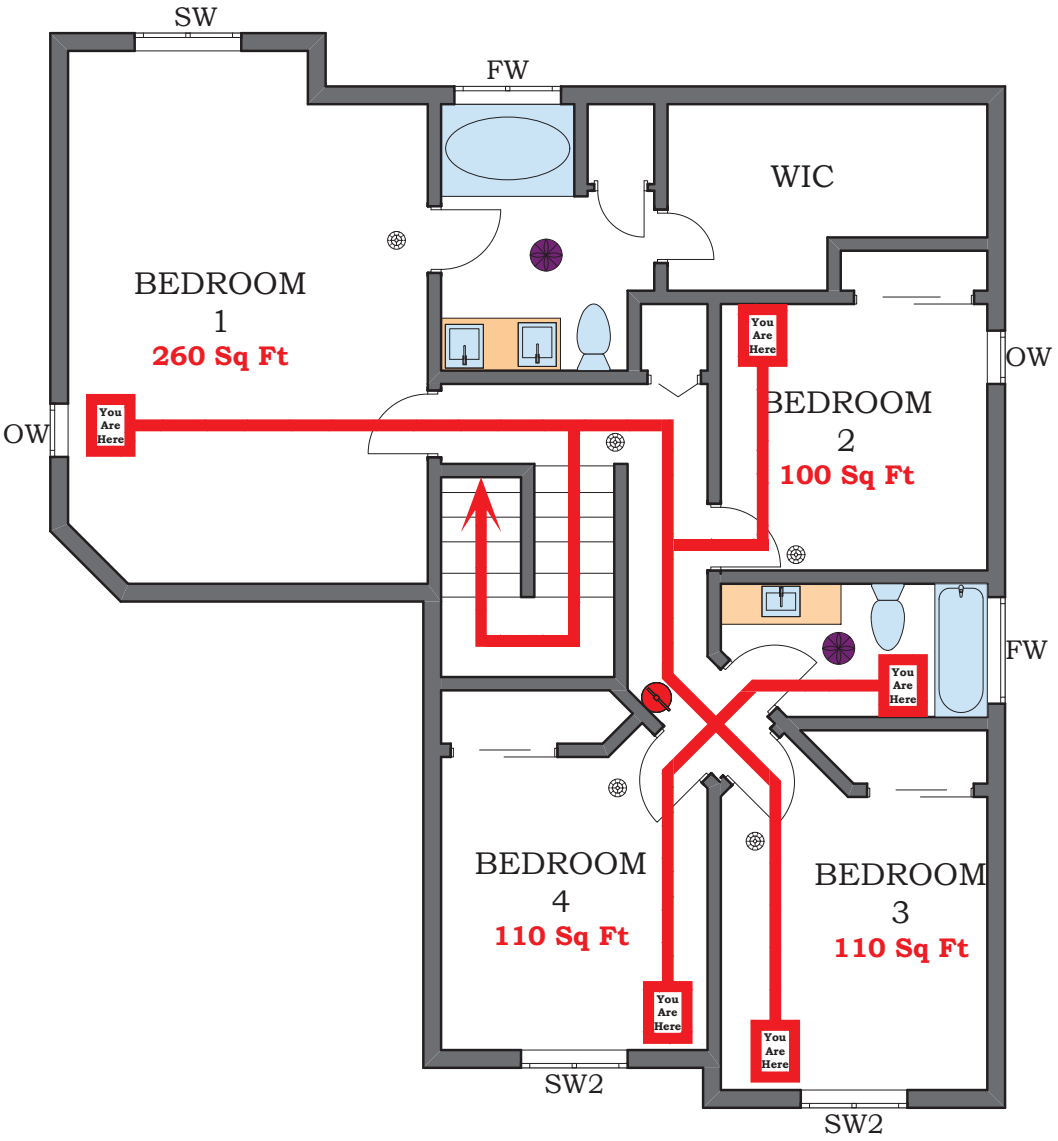
In Case of Any Emergency Call 911And Everyone Exit and Assemble Across the Street At The Front Of The Building For Safety and Accountability.

1St Floor PLAN

Name:	Wellness Care, LLC	**Address:** 457 W Nopal Ave, Meas AZ, 85210.	**EVACUATION PLAN** *(2 story home)*
Contact:	Cell # 612-412-6273		PMT23-17166

Legend

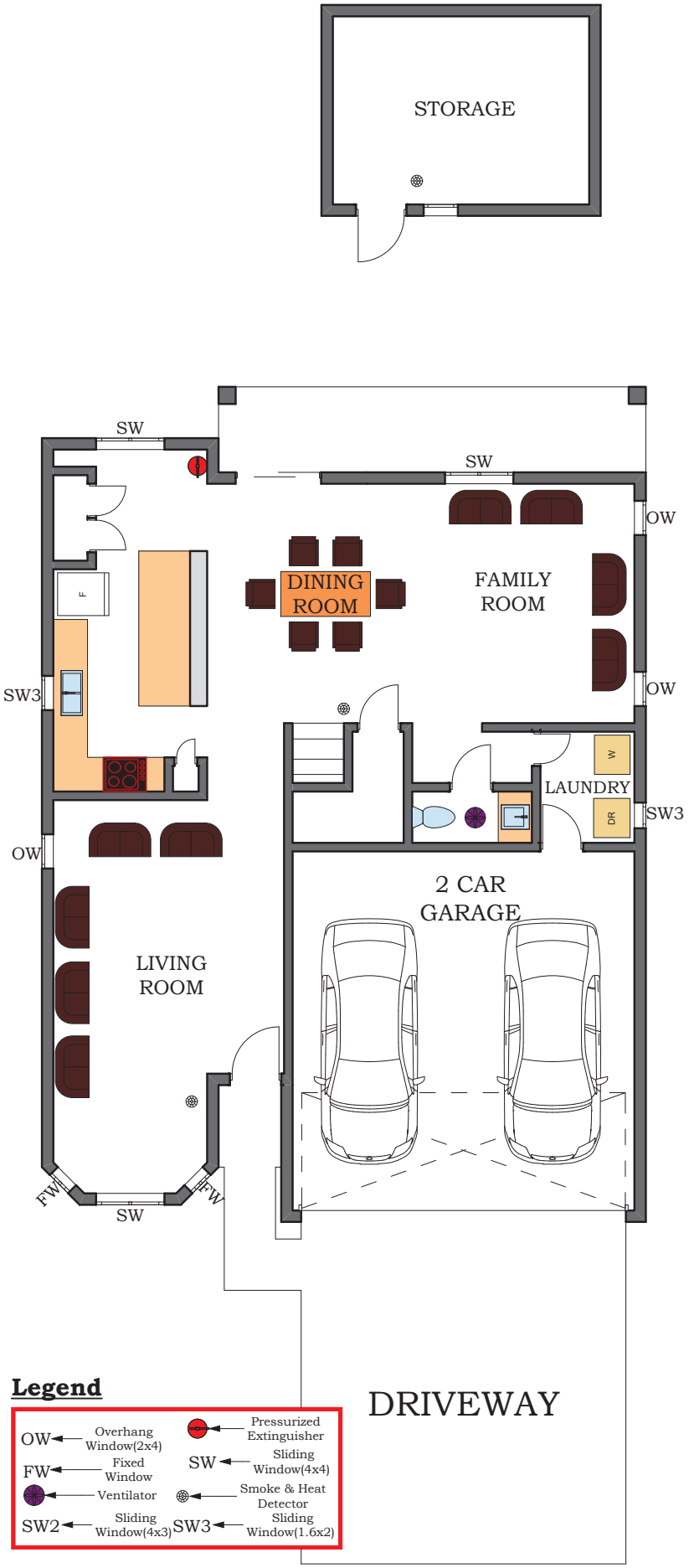
- EXIT — Main Exits
- OW — Overhang Window(2x4)
- Pressurized Extinguisher
- FW — Fixed Window
- SW — Sliding Window(4x4)
- Ventilator
- Smoke & Heat Detector
- SW2 — Sliding Window(4x3)
- SW3 — Sliding Window(1.6x2)



In Case of Any Emergency Call 911And Everyone Exit and Assemble Across the Street At The Front Of The Building For Safety and Accountability.

2nd Floor PLAN

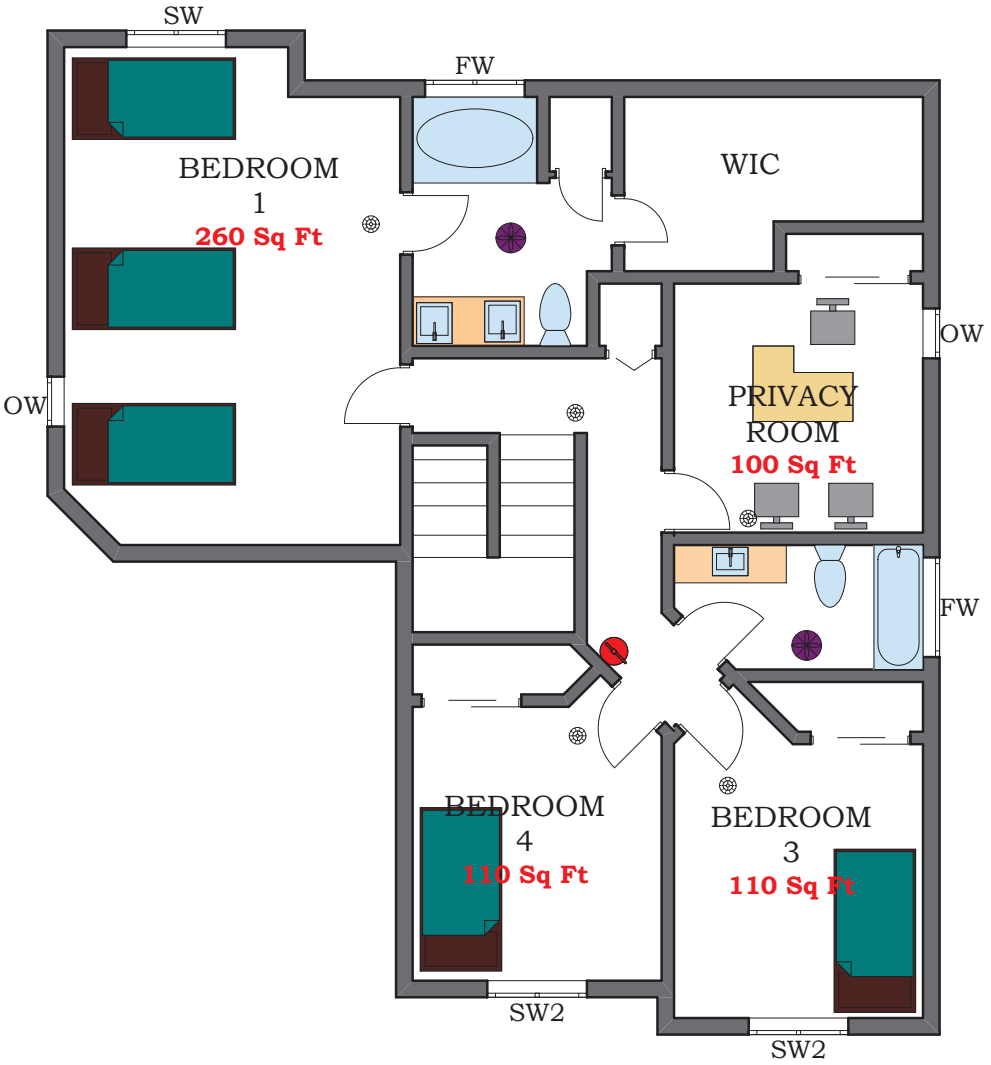
Name: Wellness Care, LLC	**Address:** 457 W Nopal Ave, Meas AZ, 85210.	**EVACUATION PLAN** *(2 story home)*
Contact: Cell # 612-412-6273		PMT23-17166



1St Floor PLAN

Name:	Wellness Care, LLC	**Address:** 457 W Nopal Ave, Meas AZ, 85210.	**FLOOR PLAN** *(2 story home)*
Contact:	Cell # 952-412-6273		

PMT23-17166



Legend

OW	Overhang Window(2x4)		Pressurized Extinguisher
FW	Fixed Window	SW	Sliding Window(4x4)
	Ventilator		Smoke & Heat Detector
SW2	Sliding Window(4x3)	SW3	Sliding Window(1.6x2)

2nd Floor PLAN

Name:	Wellness Care, LLC	**Address:** 457 W Nopal Ave, Meas AZ, 85210.	**FLOOR PLAN** *(2 story home)*
Contact:	Cell # 612-412-6273		

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PLANNING DIVISION

Property Owner's Authorization Signature Form

www.mesaaz.gov/planning
480-644-2385

Property Owner:

EB Property Group I LLC
Name

457 W Nopal Ave. Mesa, AZ 85210
Address (Street, City, State, Zip Code)

602 620 0063
Phone Number

n/A
Fax Number

brandonAlsayed@gmail.com
E-mail

Signature 11/21/23 Date

Applicant:

Maimuna Djama
Name

2608 E Boston St. Gilbert,Az 85210
Address (Street, City, State, Zip Code)

9524126273
Phone Number

Fax Number

Maimunadjama13@gmail.com
E-mail

Signature 11/20/ Date

Registration Number (required for professional registrants)

Address of Site: 457 W Nopal Ave Mesa, AZ 85210 **APN:** 310-02-027

Select Type of Request:

☐ **Administrative Review**
- Minor Modifications/Changes to existing cases
- Desert Uplands Reviews
- Form Based Code /Zoning Clearance
- Land Division (Lot Splits)
- Historic Preservation (Certificate of Appropriateness)
- Medical Marijuana
- Wireless Communication Facilities (Cell Towers)

☐ **Planning & Zoning**
- Rezone
- Pre-Plats
- Council Use Permits
- Development Unit Plans
- Site Plan Review/Modifications Special Use Permits
- Minor General Plan Amendments

☐ **Board of Adjustment**
- Variances
- Substantial Conformance Improvement Permit (
- Development Incentive Permit (DIP)

☐ **Design Review**

☐ **Annexation**

☐ **General Plan Amendment – Major**

● **Community Residence [Residential Care Home]**

☐ **Group Foster Care Home [DCS}**

B:R-5 FOUR (4) OR FEWER RESIDENTS. Residential Care Facility does not meet separation requirements – limited to four (4) or fewer residents, excluding staff, per Mesa Zoning Code (MZO). Application for name change only Certificate of Occupancy. MBC 310.6. R-5 occupancy group. VB Construction. The Mesa Zoning Code defines Family as an individual or two (2) or more individuals related by blood, marriage or adoption, or a group of no more than four (4) unrelated individuals, living together as a single housekeeping unit. A family includes a couple in a domestic relationship and biological, adopted, and foster children of either partner. The term family includes unrelated persons with developmental disabilities (as defined in A.R.S. § 36-581) living together in compliance with A.R.S. § 36-582. Chapter 87 – definitions. No skilled nursing services. No construction work under this permit. No inspection required.

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mesa·az

Occupancy Confirmation Worksheet

Residential Care – Non-Treatment (Assisted Living Facility/Behavioral Health/Foster/Group/Sober Living)

Property Address: 457 W Nopal Ave Mesa,Az 85210

Facility Name: Wellness Care LLC

Type of residential care Facility as licensed: Group Home

Number of Care Residents (not including staff): 4

Is the home equipped with automatic fire sprinkler protection and attic protection monitored off site by a third party in accordance with Mesa Fire Code? **Yes*** ○ **No** ● ***If Yes, Provide a Current Third Party Fire Inspection Report.**

Select the appropriate occupancy group, per Mesa Building Code and Mesa Fire Code:

R-5. Residential Group R-5 occupancies where the occupants are primarily permanent in detached one- and two-family dwellings and multiple single-family dwellings (townhouses) and their accessory structures conforming with the Mesa Residential Code. 24-hour care facility R-5 occupancies include:

● **R-5** Residential care/assisted living facility, with **5 or fewer** residents, all capable of self-preservation or responding to an emergency situation without physical assistance from staff. MBR 4-2-1 Section 310.6

○ **R-5** Residential care/assisted living homes including facilities providing directed care services, with **5 or fewer** residents, any (persons) not capable of self-preservation or responding to an emergency situation without physical assistance from staff. Such assisted living homes shall be protected with automatic sprinkler systems in accordance with section 903.3 and a smoke alarm system in accordance with section 907.2.10.1.3. MBR 4-2-1 Section 310.6

R-4 Residential Group R-4 occupancy for **more than five but not more than 10 persons** in care (per MZO 11-31-14), excluding staff, who reside on a 24-hour basis in a supervised residential environment and receive custodial care (*custodial care includes persons receiving care who have the ability to respond to emergency situations and evacuate at a slower rate and/or who have mental and psychiatric complications*). R-4 includes, but is not limited to, the following: Alcohol and drug center, Assisted living facilities, Congregate care facilities, Group Home, Halfway Houses, Residential board and care facilities, Social rehabilitations.

○ **R-4 Condition 1**; This occupancy condition shall include buildings in which all persons receiving custodial care, without any assistance, are capable of responding to an emergency situation to complete building evacuation. MBR 4-2-1 Section 310.5

○ **R-4 Condition 2**; Residential care home with **6 to 10** residents [per Mesa Zoning Ordinance], not including staff, all capable of self-preservation. This occupancy condition shall include buildings in which there are any persons receiving custodial care who require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation. Automatic fire sprinklers with attic protection monitored by third party required. MBR 4-2-1 Section 310.5

The applicant has read and understands all rules and regulations of the City of Mesa; has physically inspectedthe site and verifies that the proposed site is in compliance with all applicable city, state and federal laws; and is responsible for the accuracy of all information provided in this application. Submittal of erroneous information, or failure to disclose any requested information may result in denial of application. Errors found after processing application may result in loss of local jurisdiction approval. The applicant is confirming the true and correct occupancy for this facility.

I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:

Maimuna Djama	Maimuna Djama	11/20/23
Applicant Printed Name	**Applicant Signature**	**Date**

PMT23-17166

OPERATING AGREEMENT

OF

EB PROPERTY GROUP 1, LLC

an Arizona limited liability company

THIS OPERATING AGREEMENT is made and entered into effective as of the 21st day of February, 2023, by EB Property Group, LLC, a Wyoming limited liability company as the sole Member of EB Property Group 1, LLC, an Arizona limited liability company (the "Company").

Section I
Organizational Matters

1.1. *Governance.* The Member has executed this Agreement to serve as the "Operating Agreement" of the Company, as that term is defined in the Act, and, subject to any applicable restrictions set forth in the Act, the business and affairs of the Company, and the relationship of the Member to the Company, shall be operated in accordance with and governed by the terms and conditions set forth in this Agreement.

1.2. *Name.* The name of the Company shall be EB Property Group 1, LLC, and the Company shall conduct all of its business in that name.

1.3. *Purpose.* The Company may engage in any business permitted under the Act and shall have the power to take whatever actions it deems necessary or appropriate in furtherance of its business.

1.4. *Principal Address.* The principal address of the Company shall be at 457 W. Nopal Ave., Mesa, AZ 85210, or such other location as the Company may select.

Section II
Definitions

The following terms shall have the meanings set forth in this Section II:

"Act" means the Arizona Limited Liability Company Act, A.R.S. Sections 29-3101 *et seq.*, as amended from time to time.

"Event of Dissociation" means an event or circumstance enumerated in Section 29-3602 of the Act.

"Majority in Interest" means one or more Members who own, collectively, a simple majority of the Percentage Interests held by Members.

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"Member" means EB Property Group, LLC and any Person who subsequently is admitted as a Member of the Company until such time as an Event of Dissociation has occurred with respect to such Member.

"Percentage Interest" means, as to a Member, the percentage set forth after the Member's name on Exhibit A, as amended from time to time to reflect any transfers permitted under this Agreement.

"Person" means and includes an individual, corporation, partnership, association, limited liability company, trust, estate, or other entity.

Section III
Capital Contributions and Distributions

3.1. *Capital Contributions*.

3.1.1. *Initial Capital Contributions.* The Member shall make such contributions to the capital of the Company as shall be determined by the Member in the Member's sole discretion.

3.1.2. *Additional Capital Contributions.* The Member shall not be required to contribute any additional capital to the Company, and the Member shall not have any personal liability for any obligation of the Company.

3.2. *Distributions.* Distributions shall be made to the Member at such times and in such amounts as determined by the Member. If there is more than one Member, distributions shall be made to the Members *pro rata* in proportion to their Percentage Interests.

Section IV
Management

4.1. *Management; Member Authority.* Management of the Company shall be vested in the Member. The Member is authorized and empowered to execute, deliver, or perform as agent for the Company any agreements, acts, transactions, or other matters on behalf of the Company (including agreements and transactions with the Member) as the Member shall determine in the Member's sole discretion. The Company may appoint and remove such additional agents, officers, and employees, with such duties, powers, and responsibilities as shall be determined by the Member.

4.2. *Additional Members.* If at any time the Company has more than one Member, then all actions or approvals to be made or taken by the Member under this Agreement shall be made or taken by a Majority in Interest of the Members and all references to the Member shall be deemed to refer to the Members.

4.3. *Books and Records.*

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The Company shall keep or cause to be kept at Company expense complete and accurate books and records, together with supporting documentation of transactions with respect to the Company's business. The books and records shall be maintained in accordance with sound accounting practices and kept at such locations as the Member may determine. The Company's books and records shall include the following:

4.3.1. A current list of the full name and last known address of each member;

4.3.2. A copy of the initial Articles and all amendments thereto;

4.3.3. A copy of all current and prior written operating agreements and amendments to all current and prior written operating agreements;

4.3.4. Any record of a member's obligation to make a Capital Contribution to the Company;

4.3.5. A copy of the Company's federal, state, and local income tax returns and reports, if any, for the three most recent fiscal years;

4.3.6. A copy of the Company's financial statements, if any, for the three most recent years.

4.4. *Indemnity Rights.* The Company shall indemnify each Member who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative, by reason of his or her actions as a Member or by reason of his or her acts while serving at the request of the Company as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses, including attorneys' fees, and against judgments, fines, and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit, or proceeding, provided that the acts of such Member were not committed with gross negligence or willful misconduct, and, with respect to any criminal action or proceeding, such Member had no reasonable cause to believe his or her conduct was unlawful. The termination of any action, suit, or proceeding by judgment, order, settlement, or conviction, or upon a plea of no contest or its equivalent, shall not, in and of itself, create a presumption that the Member acted with gross negligence or willful misconduct, or with respect to any criminal action or proceeding, had reasonable cause to believe that his or her conduct was unlawful.

Section V
Additional Members; Dissolution; Termination

5.1. *Additional and Substitute Member.* No person shall be admitted as a Member of the Company after the date of formation of the Company without the written consent or approval

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of the Member. Notwithstanding the foregoing, any assignee of the Member shall automatically become a substitute Member of the Company.

5.2. *Dissolution*.

5.2.1. *Events of Dissolution.* The Company will be dissolved upon the occurrence of any of the following events:

5.2.1.1. Upon the written consent of the Member;

5.2.1.2. The Company is dissolved pursuant to Section 29-3701 of the Act.

5.3. *Continuation.* An Event of Dissociation with respect to the Member shall not cause a dissolution and the Company shall automatically continue following such an Event of Dissociation.

5.4. *Distributions and Other Matters.* The Company shall not terminate until its affairs have been wound up and its assets distributed as provided herein. Promptly upon the dissolution of the Company, the Member shall liquidate the assets of the Company and apply and distribute the proceeds of such liquidation, or distribute the Company's assets in kind, as follows and in the following order:

5.4.1. *Debts.* To payment of the debts and liabilities of the Company, including debts owed to the Member, in the order of priority provided by law;

5.4.2. *Remainder.* The balance shall be distributed to the Member(s) *pro rata* in proportion to their Percentage Interests.

5.5. *Winding Up.* Upon the dissolution of the Company, the Company may file a Notice of Winding Up with the Arizona Corporation Commission in accordance with Section 29-3702 of the Act, may notify its known claimants of the dissolution in accordance with Section 29-3704 of the Act, and may file and publish a notice to claimants in accordance with Section 29-3705 of the Act. When all the assets of the Company have been distributed as provided herein, the Member shall cause to be executed and filed Articles of Termination as required by the Act.

Section VI
Tax Matters

6.1. *Tax Treatment.* At any time the Company has only one Member, unless the Company has elected to be taxed as a corporation for federal and state income tax purposes, the Company shall be disregarded as an entity separate from its Member for federal and Arizona tax purposes and for such tax purposes only. If at any time the Company shall have more than one Member, unless the Company has elected to be taxed as a corporation for federal and state income tax purposes, it shall be treated as a partnership for federal and Arizona income tax purposes.

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6.2. *Tax Allocations.* Except as otherwise required by the Internal Revenue Code or applicable Treasury regulations, during any period in which the Company is treated as a partnership, any taxable income or loss (and any item thereof) of the Company shall be allocated to the Members in accordance with their Percentage Interests and the Company shall maintain capital accounts for each Member in accordance with Treasury Regulation Section 1.704-1(b)(2).

Section VII
Miscellaneous

7.1. *Governing Law; Parties in Interest.* This Agreement will be governed by and construed according to the laws of the State of Arizona without regard to conflicts of law principles and will bind and inure to the benefit of the heirs, successors, assigns, and personal representatives of the Member and the Company.

7.2. *Amendment.* This Agreement may only be amended, restated, or revoked by the written consent of the Member.

7.3. *Titles and Captions.* All article, section, or paragraph titles or captions contained in this Agreement are for convenience only and are not deemed part of the context thereof.

7.4. *Pronouns and Plurals.* All pronouns and any variations thereof are deemed to refer to the masculine, feminine, neuter, singular, or plural as the identity of the person or persons may require.

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IN WITNESS WHEREOF, the Member has executed this Operating Agreement, effective as of the date first set forth above.

MEMBER:

EB PROPERTY GROUP, LLC
a Wyoming limited liability company

By:_____
Brandon Alsayed, Member

By:_____
Hector Emiliano Grillo, Member

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EXHIBIT A

Member	Percentage Interest
EB Property Group, LLC	100%

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Form **SS-4**
(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to *www.irs.gov/FormSS4* for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
EB Property Group 1 LLC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
457 W Nopal Ave

5a Street address (if different) (Don't enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Mesa, AZ 85210

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
Maricopa County, Arizona

7a Name of responsible party
Brandon Alsayed

7b SSN, ITIN, or EIN
On File

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☑ Yes ☐ No

8b If 8a is "Yes," enter the number of LLC members ▶ 1

8c If 8a is "Yes," was the LLC organized in the United States? ☑ Yes ☐ No

9a **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ Limited Liability Company
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ Military/National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 **Reason for applying** (check only one box)

- ☑ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.
02- -2023

12 Closing month of accounting year December

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
0	0	0

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A

16 Check **one** box that best describes the principal activity of your business.
☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) ▶ Real Estate Holding Company

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
Real Estate Holding Company

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name
Maci Moser c/o May Potenza Baran Gillespie, PC

Designee's telephone number (include area code)
602-252-1900

Address and ZIP code
1850 N Central Ave Suite 1600 Phoenix, AZ 85004

Designee's fax number (include area code)
602-252-1114

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Brandon Alsayed

Applicant's telephone number (include area code)
602-620-0063

Signature ▶ B.A

Date ▶ 02/21/2023

Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form **SS-4** (Rev. 12-2019)

PMT23-37186

citrix | RightSignature

SIGNATURE CERTIFICATE

REFERENCE NUMBER
C3BDE19D-66EB-4F72-8F6C-6490650BEF27

TRANSACTION DETAILS	DOCUMENT DETAILS
Reference Number C3BDE19D-66EB-4F72-8F6C-6490650BEF27	**Document Name** Operating Agreement And SS4 - Eb Property Group 1 LLC
Transaction Type Signature Request	**Filename** operating_agreement_and_ss4_-_eb_property_group_1_llc.pdf
Sent At 02/21/2023 14:11 EST	**Pages** 8 pages
Executed At 02/21/2023 15:11 EST	**Content Type** application/pdf
Identity Method email	**File Size** 260 KB
Distribution Method email	**Original Checksum** 1d7435ee74a3118c21b64fca5e3e68fd5a2eff13d54164b78a87c3c7712a2fa1
Signed Checksum ecdbb370ff997d50baf9383ee4c1226ad8b60d84c19bde4bbd973d445b6e3651	
Signer Sequencing Disabled	
Document Passcode Disabled	

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Emiliano Grillo	**Status** signed	**Viewed At** 02/21/2023 15:11 EST
Email emiliano.grillo14@gmail.com	**Multi-factor Digital Fingerprint Checksum** 2410a350dd9da08d63f4209132a706714e63e9b45fba1729dc69aa6cdcccdcdec	**Identity Authenticated At** 02/21/2023 15:11 EST
Components 1	**IP Address** 76.91.194.112	**Signed At** 02/21/2023 15:11 EST
	Device Mobile Safari via iOS	
	Drawn Signature 	
	Signature Reference ID 128E5BEE	
	Signature Biometric Count 2	
Name Brandon Alsayed	**Status** signed	**Viewed At** 02/21/2023 14:19 EST
Email brandonalsayed@gmail.com	**Multi-factor Digital Fingerprint Checksum** d0eacd52006fea64cee33ea868f58f68980b8171cd565c38aaa488651c648d13	**Identity Authenticated At** 02/21/2023 14:21 EST
Components 3	**IP Address** 72.216.199.205	**Signed At** 02/21/2023 14:21 EST
	Device Chrome via Windows	
	Drawn Signature 	
	Signature Reference ID 8A52CD4F	
	Signature Biometric Count 3	

PMT23-17166

AUDITS

TIMESTAMP	AUDIT
02/21/2023 14:11 EST	Maci Moser (mmoser@maypotenza.com) created document 'operating_agreement_and_ss4_-_eb_property_group_1_llc.pdf' on Chrome via Windows from 38.122.89.34.
02/21/2023 14:11 EST	Emiliano Grillo (emiliano.grillo14@gmail.com) was emailed a link to sign.
02/21/2023 14:11 EST	Brandon Alsayed (brandonalsayed@gmail.com) was emailed a link to sign.
02/21/2023 14:19 EST	Brandon Alsayed (brandonalsayed@gmail.com) viewed the document on Chrome via Windows from 72.216.199.205.
02/21/2023 14:21 EST	Brandon Alsayed (brandonalsayed@gmail.com) authenticated via email on Chrome via Windows from 72.216.199.205.
02/21/2023 14:21 EST	Brandon Alsayed (brandonalsayed@gmail.com) signed the document on Chrome via Windows from 72.216.199.205.
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Narrative Report

REVIEWED
By Pamela Williams at 4:43 pm, Dec 19, 2023

Maimuna Djama
Email: maimunadjama13@gmail.com
Contact: (952)412-6273
Mailing Address: 2608 E Boston St. Girlbert, AZ 85295

Wellness Care LLC is obtaining a Behavioral Health Residential Facility License through the Department of Health & Safety (DHS). This license will enable ***Wellness Care LLC*** to provide in home around the clock care for **4 adults**. The founders of ***Wellness Care LLC*** created this home to make a positive impact on Arizona's behavioral health adults in out-of-home care.

In order to obtain this license we are requesting an COO to establish a Group Home within the city of Mesa at the following address:

Property: 457 W Nopal Ave Mesa,AZ 85210

Proposal-

As an active community volunteer and a founder of **Wellness Care LLC**, I have had the opportunity to witness firsthand the impact of behavioral health challenges on adults, their families, and the community. Our organization was established on the core belief that every individual deserves to thrive within a stable family environment, one that nurtures the development of healthy lifestyle choices, trust, and love. Led by this mission, we are committed to making a positive difference in the lives of those we serve.

Services provided:

Each client referred will be given a high quality, detailed intake and assessment including a review of educational history, family strengths and stability. To help facilitate family reunification and client success, ***Wellness Care LLC*** highly trained staff will use these ongoing assessments to assist in obtaining appropriate and beneficial services such as counseling and various available therapies. Adults within DHS will greatly benefit from the program as they engage in the provided career clinics, hiking and service projects. The program is designed to empower people to seek educational opportunities and develop self-reliance. The group home is faith based and approaches each client's individual needs of health, hygiene, mental and physical well-being, education, social interaction and self-reliance with a team effort to help each client achieve and learn to love their best self.

Adults Served

Wellness Care LLC will service up to 4 adults 18+ ***capable of self-preservation and evacuating facility with no assistance in the case of emergency***. These adults receive a multitude of services all of which are off-site (medical attention, counseling, psychologist, and therapist) to assist in dealing with their disabilities. ***Wellness Care LLC*** will contract with health care professionals to conduct in home services where the home environment allows.