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AZ CORPORATION COMMISSION
FILED

JAN 22 2008

FILE NO. L-1425-294-1

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DO NOT PUBLISH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.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC."

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

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

The agent must sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

☒ ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)☐ ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)

1. The name of the organization:

A. N 1421 8648
LLC Name Reservation File Number (If one has been obtained). If not, leave this line blank

B. McLaren Chiropractic, LLC
Limited Liability Company Name

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

Address 4646 E. Ft. Lowell Ste 101

City TUCSON State AZ Zip 85712

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

Name Munirih McLaren

Address 4646 E. Ft. Lowell Ste 101 5531 E. Crescent Rd

City TUCSON State AZ Zip 85712

Acceptance of Appointment by Statutory Agent:

I, Munirih McLaren, having been designated to act as
(Print Name of the Statutory Agent)

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

Agent Signature: Munirih McLaren
Munirih McLaren

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

REF
1123/08

**DO NOT PUBLISH
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 management structure will be applicable to your company. 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 twenty (20%) percent or greater interest in the capital or profits of the LLC/ PLLC.

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

Your phone and fax are optional.

LL:0004
Rev: 10/2006

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(5)

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(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

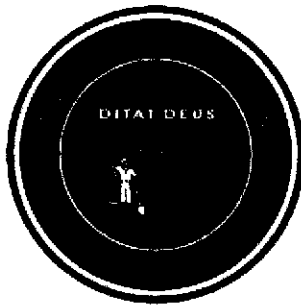
Name <u>Munirih McLaren</u>	Name _____
<input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: <u>4646 E. Ft Lowell Ste 101</u>	Address: _____
City, <u>Tuc</u> State, <u>Az</u> Zip: <u>85712</u>	City, _____ State, _____ Zip: _____
Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

Executed this 1-15-08 day of January, 2008
Executed by: Munirih McLaren Print Name Munirih McLaren
McLaren Chiropractic
If signing on behalf of a company, please print the company name here.

Phone Number: (520) 906-4488 Fax Number: _____

01/16/2008



Arizona Corporation
Commission
Electronic Filing
Document Information



1:45
PM

CONGRATULATIONS!

- Please print two copies of this E-filed document:
 - One to submit when filing articles/application.
 - One for your records.
- Thank you for E-filing!

APPLICATION FOR RESERVATION OF CORPORATE NAME

Document Information

Your File Number is: N14218648

Your Order Number is: 202408

Fee:10.00

Expedite:35.00

MCLAREN CHIROPRACTIC, LLC
MUNIRIH MCLAREN
4646 E. FT LOWELL RD. STE 101
TUCSON AZ 85712

Effective Date: 01/16/2008
File No: N-1421864-8

You have reserved the name of:
MCLAREN CHIROPRACTIC, LLC

Name Reservation is granted for a period not to exceed one hundred and twenty(120) days.

This name reservation was received on 01/16/2008 and will expire on 05/16/2008 (A.R.S. SECTION 29-602).

The reservation number referenced above **may not** be the same as the file number you will receive upon approval of your articles/application. We advise that this number not be used for any purposes before your articles/application are approved

by the Corporation Commission.

IMPORTANT: Include a copy of this reservation confirmation letter when filing articles/application for a corporation or Limited Liability Company.

AMOUNT RECEIVED \$45

RECEIPT No. 26029

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- [Return to A.C.C. Corporations Division Main Page](#)
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