

SEP 29 2009

FILE NO. 1555812-7

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**DO NOT PUBLISH  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-1555059-2

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

B. TMH, 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 4729 E. Sunrise Dr., PMB #111

City Tucson

State AZ

Zip 85718

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

Name Robert J. Jentoft-Valenzuela

Address 4729 E. Sunrise Dr., PMB #111

City Tucson

State AZ

Zip 85718

### Acceptance of Appointment by Statutory Agent:

I Robert J. Jentoft-Valenzuela, 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: [Signature]

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

**DO NOT PUBLISH  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.

**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 \_\_\_\_\_

Name \_\_\_\_\_

☒ Member ☐ Manager (only if "B" is selected above)

☐ Member ☐ Manager (only if "B" is selected above)

Address: 5490 N. Paseo Pescado

Address: \_\_\_\_\_

City, Tucson State, AZ Zip: 85718

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_

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 LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

Executed this 29th day of September, 2009

Executed by: \_\_\_\_\_

Print Name Robert J. Jentoft-Valenzuela

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

Phone Number: 520-250-6327 Fax Number: 520-529-6674

09/28/2009



Arizona Corporation Commission  
Electronic Filing  
Document Information



11:47 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 Order Number is: 397657****Fee: 10.00****Expedite: 35.00**

TMH, LLC.  
ROBERT J. JENTOFT-VALENZUELA  
4729 E. SUNRISE DR.  
#111  
TUCSON AZ 857184535

Effective Date: 09/28/2009  
File No: N-1555059-2

You have reserved the name of:

TMH, LLC.

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

This name reservation was received on 09/28/2009 and will expire on 01/27/2010 (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. 42107

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- [Return to Arizona Corporation Commission Home Page](#)

**ARIZONA CORPORATION COMMISSION  
CORPORATIONS DIVISION COVER SHEET**

**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**

ARE YOU FILING: ☒ New Entity ☐ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: TMH, LLC

FILING TYPE	FILING FEE	FILING FEE WITH EXPEDITED SERVICE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 each ( ) (Enter Quantity)	<input type="checkbox"/> \$40.00 each ( ) (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 each ( ) (Enter Quantity)	<input type="checkbox"/> \$45.00 each ( ) (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate	<input type="checkbox"/> \$10.00 each ( ) (Enter Quantity)	<input type="checkbox"/> \$45.00 each ( ) (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

**SELECT PAYMENT TYPE:**

☐ Check      Check # \_\_\_\_\_      Check Amount \$ \_\_\_\_\_  
☐ Cash      Amount \$ \_\_\_\_\_  
☐ M.O.D. Account      Account # \_\_\_\_\_      Amount \$ \_\_\_\_\_  
☐ No fee required

SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☐ Pick Up ☒ Fax # (520) 529-6674

REQUIRED: Please list the person or company who will be picking up the completed documents.  
 DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name:

Phone Number:

TMH, LLC

520-529-6674

Address:

4729 E. Sunrise Dr. #111

City:

State:

Zip:

Tucson

AZ

85718

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY:

DATE:

View current process times at: [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations)