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AZ CORPORATION COMMISSION
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AZ CORPORATION COMMISSION
FILEDFILE NO. L-1806191-2
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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR A/C USE ONLY.

ARTICLES OF ORGANIZATION

Read the Instructions L0101

FILE NO. L-1806191-2

1. ENTITY TYPE - check only one to indicate the type of entity being formed:

☒ LIMITED LIABILITY COMPANY☐ PROFESSIONAL LIMITED LIABILITY COMPANY

2. ENTITY NAME - see Instructions L0101 for naming requirements - give the exact name of the LLC:

COCO'S Hair Supply LLC

3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES - if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

4. STATUTORY AGENT - see Instructions L0101:			
4.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:		4.2 OPTIONAL - mailing address in Arizona of Statutory Agent (can be a P.O. Box):	
<u>AKOFA LOKOSSOU</u>			
Attention (optional):		Attention (optional):	
<u>10121 W. Payson Rd</u>			
Address 1:		Address 1:	
Address 2 (optional):		Address 2 (optional):	
<u>Tolleson</u>	<u>AZ</u>	<u>85353</u>	
City	State	Zip	Zip
4.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.			

5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

5.1 Is the Arizona known place of business address the same as the street address of the statutory agent? ☒ Yes - go to number 6 and continue☐ No - go to number 5.2 and continue

5.2 If you answered "No" to number 5.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional):		
Address 1:		
Address 2 (optional):		
City	State or Province	Zip
Country		

6. **DURATION** - the duration or life period of the LLC is presumed to be perpetual unless one of the boxes is checked below and the corresponding blank is filled in:

- ☐ The LLC's life period will end on this date: _____ (enter a date)
☐ The LLC's life period will end upon the occurrence of this event _____ (describe an event)

COMPLETE NUMBER 7 OR NUMBER 8 - NOT BOTH.

7. **MANAGER-MANAGED LLC** - see Instructions L010i - check this box ☒ If management of the LLC will be vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment.
8. **MEMBER-MANAGED LLC** - see Instructions L010i - check this box ☐ If management of the LLC will be reserved to the members, and complete and attach the Member Structure Attachment form L041. The filing will be rejected if it is submitted without the attachment.
9. **ORGANIZERS** - list the name and address, and provide the signature, of each and every organizer - minimum of one is required. If more space is needed, check this box ☐ and complete and attach the Organizer Attachment form L042.

AKOFA LOKOSSOU
10121 W. Payson Rd
Address 1
Address 2 (optional)
City Tolleson State AZ Zip 85353
Country USA

SIGNATURE - see Instructions L010i:

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature [Signature]
Printed Name AKOFA LOKOSSOU Date 11-29-12

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

☐ Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is:

☐ LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:

Name _____
Address 1 _____
Address 2 (optional) _____
City _____ State _____ Zip _____
Country _____

SIGNATURE - see Instructions L010i:

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature _____
Printed Name _____ Date _____

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

☐ Corporation as Organizer - I am signing as an officer or authorized agent of a corporation and its name is:

☐ LLC as Organizer - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:

Filing Fee: \$50.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission
Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3028 or (within Arizona only) 800-545-0819.

DO NOT WRITE ABOVE THIS LINE, RESERVED FOR AOC USE ONLY.

MANAGER STRUCTURE ATTACHMENT

1. ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country):

COCO'S Hair Supply LLC

2. A.C.C. FILE NUMBER (if known):

486980

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.aacc.gov/Divisions/Corporations>

3. Check one box only to indicate what document the Attachment goes with:

☒ Articles of Organization

☐ Articles of Amendment

☐ Application for Registration

☐ Articles of Amendment to Application for Registration

4. MANAGERS / MEMBERS - give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed - do not check both member boxes. If more space is needed, use another Manager Structure Attachment form.

Name <u>AKOFA LOKOSSOU</u>			Name		
Address 1 <u>10121 W Payson Rd</u>			Address 1		
Address 2 (optional)			Address 2 (optional)		
City <u>Tulleson</u>	State or Province <u>AZ</u>	Zip <u>85353</u>	City	State or Province	Zip
Country <u>USA</u>	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> Less than 20% member	Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> Less than 20% member
<input checked="" type="checkbox"/> Manager			<input type="checkbox"/> Manager		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> Less than 20% member	Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> Less than 20% member
<input type="checkbox"/> Manager			<input type="checkbox"/> Manager		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> Less than 20% member	Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> Less than 20% member
<input type="checkbox"/> Manager			<input type="checkbox"/> Manager		

DO NOT WRITE ABOVE THIS LINE: RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M0021

1. **ENTITY NAME** - give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

COCO'S Hair Supply LLC

2. **A.C.C. FILE NUMBER** (If entity is already incorporated or registered in AZ): 486980
Put the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/OnlineCorporations>

3. **STATUTORY AGENT NAME** - give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity):

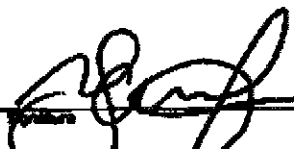
AKOFA LOKOSSOU

- 3.1 Check one box: ☒ The statutory agent is an Individual (natural person).
☐ The statutory agent is an Entity.

STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

 ☒ I ACCEPT
AKOFA LOKOSSOU 11-29-12
Printed Name Date

REQUIRED - check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual	<input type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Filing Fee: none (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.
If you have questions after reading the instructions, please call 602-542-3816 or (within Arizona only) 800-345-3816.

COMMISSIONERS
GARY PIERCE - Chairman
BOB STUMP
SANDRA D. KENNEDY
PAUL NEWMAN
BRENDA BURNS



ERNEST G. JOHNSON
Executive Director

PATRICIA L. BARFIELD
Director, Corporations Division

ARIZONA CORPORATION COMMISSION

RECEIVED

JAN 08 2013

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

COCO'S HAIR SUPPLY LLC
AKOFA LOKOSSOU
10121 W PAYSON RD

TOLLESON, AZ 85353

Effective Date: 01/08/2013
File No: L-1806191-2

Thank you for delivering documents for filing with the Arizona Corporation Commission. Unfortunately, we are returning the enclosed document regarding the above-referenced corporation/limited liability company for the following reasons:

The filing fee has been deposited.

If vested in Member-Managed LLC, please complete and attach the Member Structure Attachment form L041. Form is enclosed.

*****IMPORTANT*****
Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division:

- 1) A copy of this letter and the rejected document.
- 2) The corrected document accompanied by any additional paperwork or filing fees, as requested within this letter.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

FIL: 001
REV. 12/2012

**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: Coco's Hair Supply LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	\$100.00	\$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	\$ 60.00	\$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	\$ 40.00	\$ 75.00
<input checked="" type="checkbox"/> Articles of Organization (Limited Liability Company)	\$ 80.00	\$ 85.00
<input type="checkbox"/> Application For Authority (Business)	\$175.00	\$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	\$175.00	\$210.00
<input type="checkbox"/> Application for New Authority	\$175.00	\$210.00
<input type="checkbox"/> Application for Registration	\$150.00	\$185.00
<input type="checkbox"/> Articles of Amendment	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Correction	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	\$100.00	\$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Affidavit of Publication	\$ 0.00	\$ 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 () (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 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates 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 () (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

- ☐ Check Check # _____
- ☐ M.O.D. Account MOD Acct # _____
- ☐ Cash - for in-person filings only (Do not send cash in the mail)
- ☒ Credit Card - for in-person filings only
- ☐ No fee required

DO NOT WRITE YOUR GREEN CARD NUMBER ON THIS FORM

JAN 08 2012

Check Amount \$ _____
Mod Amount \$ _____
Cash Amount \$ _____
CC Amount \$ _____

SELECT ONE RETURN DELIVERY OPTION ☐ Mail ☒ Pick Up ☐ Fax # ()

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:

AKOFA LOKOSSON

Address:

10171 W. Payson Rd

City:

Tolleson

State: AZ

Phone Number:

602-349-8198

85353

Zip:

message left
12/26 MS

PICK-UP BY: [Signature] FOR ARIZONA CORPORATION COMMISSION USE ONLY DATE: 12-26-12

View current process times at: www.azcc.gov/Divisions/Corporations