

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

**ARTICLES OF ORGANIZATION**

*Read the Instructions L010i*

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

**LIMITED LIABILITY COMPANY**  
 (entity name must contain  
 the words "Limited Liability  
 Company" or "LLC")

**PROFESSIONAL LIMITED LIABILITY COMPANY**  
 (entity name must contain the words  
 "Professional Limited Liability Company" or  
 "PLLC")

**2. ENTITY NAME - see Instructions L010i for full naming requirements - give the exact name of the LLC:**

Chandra's Tailoring & Alterations Studio LLC

**3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES -** If and only 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 for service of process - see Instructions L010i**

<b>4.1 REQUIRED</b> - give the name (can be an Arizona resident or an Arizona-registered entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:			<b>4.2 OPTIONAL</b> - mailing address in Arizona of Statutory Agent (can be a P.O. Box):		
Chanderdai C. Ramphal					
Statutory Agent Name			Attention (optional)		
Attention (optional)			Address 1		
Address 1 5201 W. Camelback Rd. Lot C 107			Address 2 (optional)		
Address 2 (optional) City Phoenix		State AZ	Zip 85031	Address 2 (optional) City	
		State AZ	Zip		
<b>4.3 REQUIRED</b> - 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)		
7402 N. 51 Avenue		
Address 1		
Address 2 (optional)		
City Phoenix	State AZ	Zip 85301
Country U.S.A.	State or Province	Zip

6. **DURATION** - If the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below and fill in the corresponding blank:

- 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)

If corporation is sold

**COMPLETE NUMBER 7 OR NUMBER 8 - NOT BOTH.**

7. **MANAGER-MANAGED LLC** - see *Instructions L0101* - check this box  if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach **ONLY** the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

8. **MEMBER-MANAGED LLC** - see *Instructions L0101* - check this box  if management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach **ONLY** the Member Structure Attachment form L041. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

9. **ORGANIZERS and SIGNATURE** - the individual or pre-existing entity submitting this document is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual acting for that entity, then print the individual's name.

The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Organizer: Chanderdal C. Ramphal

Chanderdal C. Ramphal  
Signature

March 30, 2018

Date

Printed Name (if different from Organizer)

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 602-542-3026 or (within Arizona only) 800-345-8822.

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**MANAGER STRUCTURE ATTACHMENT**

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):  
 Chandra's Tailoring & Alterations Studio LLC

2. **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. **Use one block per person.** Check the appropriate box or boxes below each person listed. If more space is needed, use another Manager Structure Attachment form.

1. Chanderdai C. Ramphal				2.			
Name				Name			
5201 W. Camelback Rd. Lot C 107				Address 1			
Address 1				Address 2 (optional)			
Phoenix		AZ	85031	Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
UNITED STATES							
Country				Country			
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member				<input type="checkbox"/> Manager <input type="checkbox"/> Member			
3.				4.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
<input type="checkbox"/> Manager <input type="checkbox"/> Member				<input type="checkbox"/> Manager <input type="checkbox"/> Member			
5.				6.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
<input type="checkbox"/> Manager <input type="checkbox"/> Member				<input type="checkbox"/> Manager <input type="checkbox"/> Member			

