ARTICLES OF ORGANIZATION

ENTITY TYPE - check only one to Indicate the type of entity being formed: Company			AIX		Instructions L010				
LIMITED LIABILITY COMPANY (entity name must contain the words "Initial Liability Company", "PLC" or LC.) ENTITY NAME — see Instructions 1010i for full naming requirements — give the exact name of the LLC 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): STATUTORY AGENT for service of process — see Instructions L010i 4.1 REQUIRED — give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not P.O. Box) in Arizona of the statutory agent: Address 1 Address 2 (optional) AZ Zp 5574/Chy Chy State Zp PRINCIPAL ADDRESS: 5.1 Is the Arizona principal-address the same as the street address of the statutory agent? Yes — go to number 5.2 and continue No — go to number 5.2 and continue Address 1 Address 1 Address 2 (optional) Address 2 (optional) Address 3 Address 3 Address 4 Address 5 Address 5 Address 6 Attention (optional) Address 7 Address 7 Address 8 Address 8 Address 8 Address 9 Address 9 Address 9 Address 9 Address 1 Address 2 (optional) Address 1 Address 1 Address 2 (optional) Address 1 Address 2 (optional)									
(entity name must contain the words "Limited Liability Company", "LC" or L.C.) ENTITY NAME — see Instructions L010i for full naming requirements — give the exact name of the LLC 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): STATUTORY AGENT for service of process — see Instructions L010i 4.1 REQUIRED — give the name (can be an Artzona resident or an Artzona-registered entity) and physical or street address (not a P.O. Box) in Artzona of the statutory agent: Address 1 Address 1 Address 2 (optional) ARZ DESCRIPTION AGENT Acceptance form M002 must be submitted along with these Articles of Organization of the statutory Agent Can be a P.O. Box): The Address 2 (optional) Address 3 (optional) Address 3 (optional) Address 4 (optional) Address 5 (optional) Address 6 (optional) Address 1 Address 1 Address 1 Address 1 Address 2 (optional) Address 1 Address 2 (optional) Address 2 (optional) Address 3 (optional) Address 3 (optional) Address 4 (optional) Address 5 (optional) Address 6 (optional) Address 1 Address 6 (optional) Address 1 Address 1 Address 2 (optional)		. /		e to indicate	e the type of entity	being formed:	being formed:		
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): STATUTORY AGENT for service of process — see Instructions L010i 4.1 REQUIRED — give the name (can be an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory Agent (can be a P.O. Box): Check box if same as physical/street address. Check box if same as physical/street address. Check box if same as physical/street address. Address 1 Address 2 (optional) AZ Zap SSTUL Chy Address 2 (optional) AZ Zap SSTUL Chy Address 2 (optional) PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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 State of Display address below: Address 1 Address 1 Address 2 (optional) Address 2 (optional) Address 3 (optional) Address 3 (optional) Address 2 (optional)		(entity name must contain the words "Limited Liability			(entity name must contain the words "Professional Limited Liability Company",				
checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical): STATUTORY AGENT for service of process - see Instructions L010i 4.1 REQUIRED - give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent: Local Description of the statutory agent: Address 1 Address 2 (optional) Address 2 (optional) Address 2 (optional) Address 2 (optional) PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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 Address 1 Address 2 (optional) Address 3 (optional) Address 1 Address 3 (optional) Address 3 (optional) Address 4 (optional) Address 5 (optional) Address 6 (optional) Address 1 Address 7 (optional) Address 1 Address 1 Address 1 Address 1 Address 2 (optional)	ENT			1010i for full	naming requirement	s – give the exact	name of the LLC		
4.1 REQUIRED - give the name (can be an Arizona resident or an Arizo	chec	ked in number 1 above	ITED LIAE, describe the	BILITY CON professional se	1PANY SERVICES ervices that the profession	if and only if proional LLC will provide	fessional LLC is e (examples: law		
an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent: TVAN THANK TH	STA	TUTORY AGENT	for service	e of proces	s - see Instruction	s L010i			
Attention (optional) Address 1 Address 2 (optional) AZ Zip 8574 City State Zip 4.3 REQUIRED—the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organizati PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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, provide the principal address below: Attention (optional) Address 1 Address 2 (optional) City State or Zip City State or Zip Address 2 (optional)	4.1	an Arizona resident entity) and physica	or an Arizona-	registered ddress (not a	of Statut	ory Agent (can be a	P.O. Box):		
Address 1 Address 2 (optional) AZ State ZIP 8574 City Address 2 (optional) AAZ State ZIP Address 2 (optional) AAZ State ZIP Address 2 (optional) ATZ State ZIP Address 2 (optional) ATZ State ZIP Address 2 (optional) ATZ State ZIP Address 2 (optional) ADDRESS: 5.1 Is the Arizona principal 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, provide the principal address below: Attention (optional) Address 1 Address 2 (optional) City State or Zip	utory Age	VICT TU	arra						
AZ State Zip STATE Zip Address 2 (optional) AZ State Zip 4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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 State or No" to number 5.1, provide the principal address below: Attention (optional) Address 1 Address 2 (optional) City State or Zip	28	00 . 0	ora Dr	·					
4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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 To you answered "No" to number 5.1, provide the principal address below: Attention (optional) Address 1 Address 2 (optional) City State or Zip	ress 1				Address 1				
4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organizati PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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, provide the principal address below: Attention (optional) Address 1 Address 2 (optional) City State or Zip	ress 2 (op	경기 가는 그 같아 그는 것이 하나 하다니다.	AZ	OFTIL	Address 2 (optional)	AZ			
PRINCIPAL ADDRESS: 5.1 Is the Arizona principal 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 State or Zip	1	luson	State Zip	85 146	City	State	Zip		
Attention (optional) Address 1 Address 2 (optional) City State or Zip	5.1	Is the Arizona p	rincipal add Yes	- go to nur - go to nur	mber 6 and continumber 5.2 and continu	nue			
Address 2 (optional) City State or Zip	5.2	II you allswered	1 NO 10 II	uniber 5.1,	provide the princip	al address below			
Address 2 (optional) City State or Zip		Attention (optional)							
City State or Zip		Address 1		7.3					
		Address 2 (optional)				1			

COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- 6. MANAGER-MANAGED LLC see Instructions L010i check this box I 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.
- 7. MEMBER-MANAGED LLC see Instructions L010i 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.

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

Tisca Bara		9-2	5-2019
Signature	Tananan Tanan	Date	
Ivan Ibarra Printed Name			

Filing Fee: \$50.00 (regular processing) Mail: Arizona Corporation Commission - Examination Section Expedited processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. 602-542-4100 Fax:

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 busines

All documents filed with the Artzona 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 Artzona only) 800-345-5819.

MANAGER STRUCTURE ATTACHMENT

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

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.

" Ivan F Ib	ama	2 Bace	1 Ibama
Name 2832 W. Au	crora Dr.	Name 2832	W. Aurora Dr.
Autress 1		Address 1	
Address 2 (optional)	AZ 85746	Address 2 (optional)	AZ 857410
U.S. Pri	ate or Zip ovince	U.S.	State or Zip Province
Country Manager Member	owning 20% or more	Country Manager	Member owning 20% or more
3.		4.	
Name		Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
	ate or Zip ovince	City	State or Zip Province
Country		Country	
Manager Member 5.	owning 20% or more	Manager 6.	Member owning 20% or more
Name		Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
	ite or Zip wince	Olty	State or Zip Province
Country		Country	- 1 W
Manager Member	owning 20% or more	Manager	Member owning 20% or more

MEMBER STRUCTURE ATTACHMENT

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

2. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another <u>Member Structure</u> <u>Attachment</u> form.

I Ivan F	Ibarr	a	2 Kacy	Ibarra	
TVan F Name 2832 W. Address 1	Aurora	Dr.	Name 2832	W. Auror	a Dr.
Address 2 (optional)			Address 1		
Tusm City	AZ	85746	Address 2 (optional)	AZ	85746
Country U.S.	State or Province	Zip	City U.S.	State or Province	Zip
Name			4.		
Address 1			Name		
Address 2 (optional)			Address 1 Address 2 (optional)		
City	State or	Zip	City		
Country 5.	Province	Zip ,	Country 6.	State or Province	Zip
Name			Name		
Address 1			Address 1		
Address 2 (optional))				
City	State or	710	Address 2 (optional)		
Country 7.	Province	Zip	City	State or Province	Zip
Name			8.		
Address 1			Name		
Address 2 (optional)		<u>- p</u>	Address 1		
City City	State or	7:-	Address 2 (optional)		11
Country	Province	Zip	Country	State or Province	Zip

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

statutory agent, e.g., Articles of Org	xactly the name as listed on the document appointing the ganization or Articles of Incorporation):
entity listed in number 1 above (this must match exactly the statutory a	the exact name of the Statutory Agent appointed by the swill be either an individual or an entity). NOTE - the name agent name as listed in the document that appoints the orporation or Articles of Organization), including any middle
3. STATUTORY AGENT SIGNATURE:	
accepts the appointment as statutory	he individual or entity named in number 2 above y agent for the entity named in number 1 above, and is effective until the appointing entity replaces the statutory s, whichever occurs first.
The person signing below declares as contained within this document toget submitted in compliance with Arizona	and certifies under penalty of perjury that the information ether with any attachments is true and correct, and is a law.
Tilly Bare	Tyan F. Ibarra 9-25-2010 Printed Name Date
REQUIRED - check only one:	
Individual as statutory agent: I a signing on behalf of myself as the inc (natural person) named as statutory	ndividual behalf of the entity named as statutory agent,
Filing Fee: none (regular processing)	Mail: Arizona Corporation Commission - Examination Section

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) 800-345-5819.

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE	OU FILING?
New Entit	Change to existing entity Re-submission of rejected filing
ENTITY NAM	1E - give the exact name of the corporation as currently shown in A.C.C. records:
EXPEDITED	PROCESSING?
YES - add	\$35 to the filing fee NO - pay only the filing fee
Document fili http://ecorp.	ng fees are listed on the bottom of each form or on the fee schedule on our website, azcc.gov, under the FAQs.
PAYMENT:	
MOD Acc	ount #: Total amount to deduct: nail cash. Cash may be used only for in-person submittals.
Credit cards - online certificat	rinted or preprinted name and address of the account holder; no imprinted or preprinted check number; stamped names, addresses, or check numbers; temporary checks (new accounts). may be used for in-person submittals, and for online corporation annual reports, online name reservations, or es of good standing. We accept only Visa and MasterCard. *PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS * * RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):
□ Email	Email address:
	Phone number:
☐ Pick up	Name:
гек ар	Phone number:
	Name: Ivan Ibarra
M Mail	Address: 2832 W. Aurora Dr.
	City: Tucson State: AZ Zip: 85746 Phone number: (520) 912-9015
DOCUMENTS	WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)
	FOR ARIZONA CORPORATION COMMISSION USE ONLY
PICK-UP B	

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

COMMISS

Chairman, Tom Fo Bob Bul Boyd Dun Andy Tobin Justin Olson

Corporations Division

LAGUNA POOLS LLC IVAN F IBARRA 2832 W AURORA DR

TUCSON, AZ 85746

Effective Date: 03/14/2018

File No: L-2266453-6

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is **REJECTED** and is being returned for the following reasons:

One or more descriptive words must be added to the name of the entity to make it distinguishable from existing names. To check the availability of or reserve an entity name, you can visit our website: http://ecorp.azcc.gov.

IMPORTANT INFORMATION:

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 (all pages must be legible):

- A copy of this letter;
- 2. A complete, signed, corrected document
- 3. A NEW cover sheet indicating resubmission; and
- 4. Any additional paperwork or filing fees that are requested in this letter.

If you do not owe any additional fees or are paying by MOD account