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

ARTICLES OF ORGANIZATION

		Instructions L010i						
	ENTITY TYPE - check only one to indicate		ormed:					
	LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company", "LLC" or L.C.)	LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company", PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional Limited Liability Company",						
2.	NTITY NAME - see Instructions L010i for full naming requirements - give the exact name of the LLC: A. F. A. Cleaning Services LLC							
	PROFESSIONAL LIMITED LIABILITY COM checked in number 1 above, describe the professional sefirm, accounting, medical):	PANY SERVICES - if and						
ı.	STATUTORY AGENT for service of process	s - see Instructions L010i						
10	4.1 REQUIRED – give the name (can be an Arizona resident or an Arizona-registered	4.2 REQUIRED – mailing address in Arizona of Statutory Agent (can be a P.O. Box):						
	entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:	Check box if same	Check box if same as physical/street address.					
	ory Agent Name On (optional)	Attention (optional)						
5L ddres	130 N 25th St APT 211	Address 1						
ddres	Secondary AZ State Zip 85027	Address 2 (optional) City	AZ State Zip					
	4	me as the street address mber 6 and continue						
	5.2 If you answered "No" to number 5.1,	mber 5.2 and continue provide the principal addre	ess below:					
	Attention (optional)							
	Address 1							
	Address 2 (optional)							
	City	State or Zip						

COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- MANAGER-MANAGED LLC see Instructions L010i 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.
- 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.

Por Efdur

Filing Fee: \$50.00 (regular processing)

Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.

Mail:

Arizona Corporation Commission - Examination Section

1300 W. Washington St., Phoenix, Arizona 85007

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

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.

Clear Form

Print Form

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MANAGER STRUCTURE ATTACHMENT

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

I.	DA MADT	TNICZ	2.			
JOSE ADRIAN ESTRA	DA MAKT	INEZ				
Name			Name			
Address 1	1	100	Address 1			
15430 n 25 th st Apt	+ 211					
15430 n 25 th st Apt Address 2 (optional)			Address 2 (optional)		77.4	T
Phoenix	Az	85015			A Part of	
UNITED STATES	State or Province	Zip	City		State or Province	Zip
Country	Country					
✓ Manager	Member owning	20% or more	☐ Manager ☐ Member owning 20% or more			
3.	ciliber offining	20 70 01 1110.0	4.			
Name	1	P. Salar Salar	Name			
Address 1			Address 1			
Address 2 (optional)			Address 2 (optional)	100	35 70 -	
City	State or	Zip	City	arte D	State or	Zip
City	▼ Province	Zip	City	-	Province	Zip
Country		N. 10. 10. 12.	Country			
	1ember owning	20% or more	Manager Member owning 20% or more			
5.			6.			
Name	Name					
Address 1	Address 1	10.20				
Address 2 (optional)			Address 2 (optional)	1		
City	State or Province	Zip	City	-	State or Province	Zip
Country			Country			
				П.,		
Manager M	lember owning	g 20% or more	Manager Member owning 20% or more			

Clear Form

Print Form

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STATUTORY AGENT ACCEPTANCE

	Please read Instructions M002i						
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):						
	A.F.A CLEANING SERVICES LLC						
2.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:						
JOSE ADRIAN ESTRADA MARTINEZ							
	STATUTORY AGENT SIGNATURE:						
	By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.						
	The person signing below declares and certifies <i>under penalty of perjury</i> that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.						
Sig	Onto Adrian Jose Adrian Estrada Wayting 17/20 Printed Name Outper Onto Printed Name Outper Outper						
	QUIRED - check only one: Individual as statutory agent: I am						
	signing on behalf of myself as the individual (natural person) named as statutory agent, and I am authorized to act for that entity.						
	ing Fee: none (regular processing) Mail: Arizona Corporation Commission - Examination Section pedited processing – not applicable. Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007						

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