

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", "LLC" or L.C.)

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

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

SELDON LN 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**

**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:

TIBERIUS BOGA

Statutory Agent Name

Attention (optional)

Address 1

1541 W BUTLER DR

Address 2 (optional)

City PHOENIX

State AZ

Zip 85021

**4.2 REQUIRED** - mailing address in Arizona of Statutory Agent (can be a P.O. Box):

☒ Check box if same as physical/street address.

Attention (optional)

Address 1

Address 2 (optional)

City

State AZ

Zip

**4.3 REQUIRED** - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

**5. 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 <u>1610 W SELDON LN</u>			
Address 2 (optional)			
City <u>PHOENIX, AZ</u>	State or Province <u>AZ</u>	Zip <u>85021</u>	
Country			

**COMPLETE NUMBER 6 OR NUMBER 7 – NOT BOTH.**

6. **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.**

Tiberiu Boca

Signature

1-27-2020

Date

TIBERIU BOCA

Printed Name

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  
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) 800-345-5819.

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**MEMBER STRUCTURE ATTACHMENT**

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

SELDON LH LLC

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

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

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

1.	2.
Name <u>TIBERIU BOGA</u>	Name
Address 1 <u>1541 W BUTLER DR</u>	Address 1
Address 2 (optional) <u>PHOENIX, AZ, 85021</u>	Address 2 (optional)
City State or Province Zip	City State or Province Zip
Country	Country
3.	4.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Province Zip	City State or Province Zip
Country	Country
5.	6.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Province Zip	City State or Province Zip
Country	Country
7.	8.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Province Zip	City State or Province Zip
Country	Country



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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 Article of Incorporation):

SELDON LN 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 *either* an individual or an entity). **NOTE** - 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:

TIBERIU BOCA

3. **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 *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.

Tiberiu Boca  
Signature

TIBERIU BOCA  
Printed Name

1-27-2020  
Date

**REQUIRED** – check only one:

<input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> <b>Entity as statutory agent:</b> 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 – not applicable. All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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RECEIVED

JAN 27 2020

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

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## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

**COVER SHEET****USE A SEPARATE COVER SHEET FOR EACH DOCUMENT****\*\* ORDER COPIES USING A RECORDS REQUEST FORM \*\*****WHAT ARE YOU FILING?**☐ New Entity    ☐ Change to existing entity    ☐ Re-submission of rejected filing**ENTITY NAME** - give the exact name of the entity as currently shown in A.C.C. records:**EXPEDITED PROCESSING?**☐ YES - add \$35 to the filing fee    ☐ NO - pay only the filing feeDocument filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.**PAYMENT:**☐ MOD Account #: \_\_\_\_\_ Total amount to deduct: \_\_\_\_\_**Cash** - do not mail cash. We do not accept bills over \$20.00. Cash may be used only for in-person submittals.**Checks or money orders** - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. **UNACCEPTABLE CHECKS** include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).**Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa and MasterCard.**\*\*PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS \*\*****REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):**

<input type="checkbox"/> Email	Email address: _____		
	Phone number: _____		
<input type="checkbox"/> Pick up	Name: _____		
	Phone number: _____		
<input type="checkbox"/> Mail	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
	Phone number: _____		

**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 BY:** \_\_\_\_\_**DATE:** \_\_\_\_\_View current processing times at: <http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf>