

Clear Form

Print Form

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:

HEMALAKSHMI, PLLC

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):

Medical Practice

4. STATUTORY AGENT for service of process - see Instructions L010i

<p>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:</p>			<p>4.2 REQUIRED - mailing address in Arizona of Statutory Agent (can be a P.O. Box):</p> <p><input checked="" type="checkbox"/> Check box if same as physical/street address.</p>		
<p>Hemadevi Chenthilmurugan, MD Statutory Agent Name</p>					
<p>Attention (optional) 5423 E. Muriel Drive Address 1</p>			<p>Attention (optional)</p> <p>Address 1</p>		
<p>Address 2 (optional) City Scottsdale</p>		<p>AZ State</p>	<p>85254 Zip</p>	<p>Address 2 (optional) City</p>	
		<p>AZ State</p>			<p>Zip</p>
<p>4.3 REQUIRED- the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Organization.</p>					

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		
Address 2 (optional)		
City Country	State or Province	Zip

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.

P. Hemadevi

Signature

11/04/2020

Date

Hemadevi Chentilmurugan, MD

Printed Name

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$50.00 (regular processing)
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.



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

MEMBER STRUCTURE ATTACHMENT

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

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

1. Hemadevi Chenthilmurugan, MD Name 5423 E. Muriel Drive Address 1 Address 2 (optional) Scottsdale AZ 85254 City State or Province Zip Country UNITED STATES			2. Name Address 1 Address 2 (optional)		
3. Name Address 1 Address 2 (optional)			4. Name Address 1 Address 2 (optional)		
5. Name Address 1 Address 2 (optional)			6. Name Address 1 Address 2 (optional)		
7. Name Address 1 Address 2 (optional)			8. Name Address 1 Address 2 (optional)		

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

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):

HEMALAKSHMI, PLLC

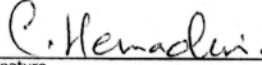
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). *NOTE* - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Hemadevi Chenthilmurugan, MD

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.

 Signature	Hemadevi Chenthilmurugan, MD Printed Name	11/04/2020 Date
--	--	--------------------

REQUIRED – check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<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.
---	---

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing) 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.