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:						ame of the LLC:		
	CRY	STAL MOON CREA	TIONS	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.	STAT	TUTORY AGENT fo	r serv	vice of process	s – see Ins	structions 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:			4.2	of Statutory Agent (can be a P.O. Box):				
	CHELI	LE BALLARD							
Atten	tion (option	onal)			Attention (optional)				
591 E. PLAZA CIRCLE #1887				591 E. PLAZA CIRCLE #1887					
Addre	ess 1				Address 1				
Addre	ess 2 (opti	,	AZ	85340	Address 2 (opti	•	AZ	85340	
City		HFIELD PARK	State	Zip		HFIELD PARK	State	Zip	
	4.3 REQUIRED— the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.								
5.	 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 								
	go to hamber 312 and continue								

	Attention (optional)		
	Address 1		
	Address 2 (optional)		
	City	State or Province	Zip
MANA LLC wil compa membe rejecte MEMB LLC wil there is	GER-MANAGED LLC – see Institute of the see Institut	ructions L010i – check the nagers (meaning one or NLY the Manager Structure on the Manager Structure attachment. Sections L010i – check this meaning all members will go otherwise), and complemembers will be listed on	more managers will run the re Attachment form L040. (Both Attachment.) The filing will be box if management of the I run the company together if ete and attach ONLY the Member the Member Structure
	The person signing below that the information conta attachments is true and contact Arizona law.	ined within this docun	nent together with any
//M			Date
nature			
gnature IICHELLE	BALLARD		

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.

Mail:

Fax:

602-542-4100

Filing Fee: \$50.00 (regular processing)

All fees are nonrefundable - see Instructions.

Arizona Corporation Commission - Examination Section

1300 W. Washington St., Phoenix, Arizona 85007

DO NOT WRITE ABOVE TH	HIS LINE; RESERVED FOR ACC USE ONLY.	
	AGENT ACCEPTANCE read Instructions M002i	
ENTITY NAME – give the exact name in A Statutory Agent (this must match exactly the statutory agent, e.g., Articles of Organization CRYSTAL MOON CREATIONS LLC	he name as listed on the document a	has appointed the
STATUTORY AGENT NAME – give the executive listed in number 1 above (this will be must match exactly the statutory agent na statutory agent (e.g. Articles of Incorporationitial or suffix:	e either an individual or an entity). Name as listed in the document that a	OTE - the name ppoints the
MICHELLE BALLARD		
STATUTORY AGENT SIGNATURE:		
By the signature appearing below, the indivaccepts the appointment as statutory agent acknowledges that the appointment is effect agent or the statutory agent resigns, which	t for the entity named in number 1 a ctive until the appointing entity repla	bove, and
The person signing below declares and cert contained within this document together wis submitted in compliance with Arizona law.		
	MICHELLE BALLARD	12/20/2020 Date
QUIRED – check only one:		
Individual as statutory agent: I am signing on behalf of myself as the individual	Entity as statutory agent behalf of the entity named	

All fees are nonrefundable - see Instructions. 602-542-4100 Fax:

Mail:

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.

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Filing Fee: none (regular processing)

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MEMBER STRUCTURE ATTACHMENT

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):
 CRYSTAL MOON CREATIONS LLC
- 2. MEMBERS give the name and address of all Members. If more space is needed, use another Member Structure Attachment form.

MICHELLE BALLARD	2.					
Name	Name					
591 E. PLAZA CIRCLE #	1887		1			
Address 1	1007		Address 1			
Address 2 (optional)			Address 2 (op	tional)		
	AZ	05240	Address 2 (op	donary		
LITCHFIELD PARK		85340				
Country UNITED STATES	State or Province	Zip	City		▼ State or Province	Zip
Country	riovince		Country	l	TTOVILLE	
3.			4.			
			l			
Name			Name			
			l			
Address 1			Address 1			
Address 1			Address			
Address 2 (optional)			Address 2 (op	tional)		
			l			
City	State or	Zip	City		State or	Zip
Country	Province		Country	l	▼ Province	
5.			6.			
Namo			Name			
Name			Name			
Address 1			Address 1			
			l			
Address 2 (optional)			Address 2 (op	tional)		
			l			
City	State or	Zip	City _		State or	Zip
	Province	·			▼ Province	
Country 7.			Country 8.			
ľ'			l°.			
Name			Name			
			l			
Address 1			Address 1			
			l			
Address 2 (optional)			Address 2 (op	tional)		
- Copins in the			(0)	,		
	Chata		Cit			7:-
City	State or Province	Zip	City		State or Province	Zip
Country			Country	L		