

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:

CRYSTAL MOON CREATIONS 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](#)

<p><b>4.1 REQUIRED</b> – give the <b>name</b> (can be an Arizona resident or an Arizona-registered entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:</p>	<p><b>4.2 REQUIRED</b> – 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>MICHELLE BALLARD</p> <p><small>Statutory Agent Name</small></p>													
<p><small>Attention (optional)</small></p> <p>591 E. PLAZA CIRCLE #1887</p> <p><small>Address 1</small></p>	<p><small>Attention (optional)</small></p> <p>591 E. PLAZA CIRCLE #1887</p> <p><small>Address 1</small></p>												
<p><small>Address 2 (optional)</small></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">LITCHFIELD PARK</td> <td style="border: none;">State</td> <td style="border: none;">AZ</td> <td style="border: none;">Zip</td> <td style="border: none;">85340</td> </tr> </table>	City	LITCHFIELD PARK	State	AZ	Zip	85340	<p><small>Address 2 (optional)</small></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">LITCHFIELD PARK</td> <td style="border: none;">State</td> <td style="border: none;">AZ</td> <td style="border: none;">Zip</td> <td style="border: none;">85340</td> </tr> </table>	City	LITCHFIELD PARK	State	AZ	Zip	85340
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<p><b>4.3 REQUIRED</b>– the <a href="#">Statutory Agent Acceptance</a> 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.**

  
Signature

12/20/2020

Date

MICHELLE BALLARD

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
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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.

