

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: TINT DOCTORS LLC
ENTITY ID: 23208923
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 04/07/2021
CHARACTER OF BUSINESS: Other Services (except Public Administration)
MANAGEMENT STRUCTURE: Manager-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Skye Hawk
PHYSICAL ADDRESS: 16508 E Laser Dr Ste 103, FOUNTAIN HILLS, AZ 85268
MAILING ADDRESS: 16508 E Laser Dr Ste. 103, FOUNTAIN HILLS, AZ 85268

PRINCIPAL ADDRESS

16508 E Laser Dr Ste 103, FOUNTAIN HILLS, AZ 85268

PRINCIPALS

Member: Louis Ruiz - 16508 E Laser Dr Ste 103, FOUNTAIN HILLS, AZ, 85268, USA - tintdoctorsfh@live.com -
Date of Taking Office: 01/01/2021

Member and Manager: Skye Hawk - 16508 East Laser Dr Ste.103, FOUNTAIN HILLS, AZ, 85268, USA -
Tintdoctorsfh@live.com - Date of Taking Office: 01/01/2021

ORGANIZERS

Skye Hawk: 16508 East Laser Drive Ste.103, FOUNTAIN HILLS, AZ, 85268, USA, Tintdoctorsfh@live.com

SIGNATURES

Authorized Agent: Skye Hawk - 04/26/2021

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:

Tint Doctors 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:				4.2 REQUIRED – mailing address in Arizona of Statutory Agent (can be a P.O. Box):			
Skye Hawk Statutory Agent Name				<input checked="" type="checkbox"/> Check box if same as physical/street address.			
Attention (optional) 16508 E Laser Dr Ste 103 Address 1				Attention (optional)			
Address 2 (optional) City Fountain Hills				AZ State		85268 Zip	
Address 2 (optional)				AZ State		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		
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.

Skye Hawk
Signature

1/1/21

Date

Skye Hawk

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.

Clear Form

Print Form

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

MANAGER STRUCTURE ATTACHMENT

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

1. Skye Hawk Name 16508 E Laser Dr Ste 103 Address 1 Address 2 (optional) Fountain Hills AZ 85268 City State or Province Zip UNITED STATES Country <input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more				2. Louis Ruiz Name 16508 E Laser Dr Ste 103 Address 1 Address 2 (optional) Fountain Hills AZ 85268 City State or Province Zip UNITED STATES Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more			
3. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more				4. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more			
5. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more				6. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more			

