

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:

Leak Detectives 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:

Jesse Espinoza
Statutory Agent Name

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)

2277 W. Frostwood LN
Address 1

Attention (optional)

Address 1

Address 2 (optional)

City Tucson State AZ Zip 85745

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		
Address 2 (optional)		
City	State or Province	Zip
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.


Signature

10-15-21
Date

Jesse Espinoza
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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MANAGER STRUCTURE ATTACHMENT

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

Leak Detectives 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. Name: <u>Jose Espinoza</u> Address 1: <u>2277 W. Frostwood LN</u> Address 2 (optional): City: <u>Tucson</u> State or Province: <u>AZ</u> Zip: <u>85745</u> Country: <input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more	2. Name: <u>Rogelio Aguirre Jr</u> Address 1: <u>8108 Sunny Sky Pl</u> Address 2 (optional): City: <u>Tucson</u> State or Province: <u>AZ</u> Zip: <u>85747</u> Country: <input checked="" 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

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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 Articles of Incorporation):

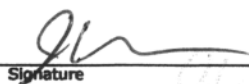
Leak Detectives LLC

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:

Jesse Espinoza**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

Jesse Espinoza

Printed Name

10-15-21

Date

REQUIRED – check only one:

Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.

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.

Filing Fee: none (regular processing)
Expedited processing – not applicable.
All fees are nonrefundable – see Instructions.

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1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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OCT 15 2021

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

Clear Form

Print Form

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

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** - select 1 option below ☐ **NO** - pay only the filing feeNOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. Document 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.☐ **EXPEDITED PROCESSING, ADD \$35.00**☐ **SAME DAY SERVICE, ADD \$200.00**
Document will be examined by 5:00pm MST and must be received by 10:00am MST☐ **TWO-HOUR SERVICE, ADD \$400.00**Document will be examined within 2-hours of submission
Must be received by 3:00pm MST☒ **NEXT DAY SERVICE, ADD \$100.00**

Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST

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 at the Phoenix office ONLY (Tucson does not accept cash).

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 or MasterCard.**REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):****NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS**

<input checked="" type="checkbox"/> Email	Email address REQUIRED : <i>Keepdry76@gmail.com</i>		
	Phone number REQUIRED : <i>520-809-3419</i>		
<input type="checkbox"/> Pick up	Name:		
	Phone number REQUIRED :		
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone number REQUIRED :		

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>