•Arizona Corporation Commission - RECEIVED: 3/21/2024 Arizona Corporation Commission - FILED: 3/21/2024

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ARTICLES OF ORGANIZATION

			Dood the	Instruction	na / 010/		
			Read the	Instruction	is <u>LUIUI</u>		
ENTITY	TYPE - check	only	one to indicate	the type o	of entity being form	ned:	
~ (IMITED LIABILITY CO entity name must conta he words "Umited Liabil Company", "LLC" or L.C.	in ity		(entity	SSIONAL LIMITED LIAB name must contain the wo Liability Company", "PLLC	rds "Profe	ssional
ARK	Y NAME - SEE IN REOLA'S MA	struction INTE	NANCE CO	naming requ	uirements - give the	exact n	ame of the LLC
checked i	SSIONAL LIMIT In number 1 above, of punting, medical):	TED LI lescribe	ABILITY COM the professional se	PANY SE	RVICES — if and online professional LLC will	y if profe provide (essional LLC is (examples: law
	TORY AGENT fo			- see In:			In Arthur
a	EQUIRED – give the n Arizona resident or ntity) and physical .O. Box) in Arizona o	an Arizo	ona-registered o t address (not a	127 1287	of Statutory Agent (ca Check box if same as	n be a P	.O. Box):
TUADAL tutory Agent Na	UPE-HARED	44					
solution (optional)	Louin's We	215	Q1 # /65	Attention (option	onal)		
,	*						
ress 2 (optional	•	AZ	710 85705	Address 2 (opt	ional)	AZ	710
dress 2 (options	low	State	Zip 8570 Acceptance form M	City	submitted along with ti	State	zip cles of Organizati

5.2 If you answered "No" to number 5.1, provide the principal address be	i.2	If you answered "No"	to number 5.1	, provide the	e principal add	dress below
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Attention (options!)		
Address 1		
Address 2 (optional)		
City	State or Province	Ζip

COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- 6. MANAGER-MANAGED LLC <u>see Instructions L010i</u> 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 <u>Manager Structure Attachment form L040</u>. (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 <u>see Instructions L010i</u> 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 <u>Member Structure Attachment form L041</u>. (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

Date

25/01/24

GUADALUPE ARREOLA

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 (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900

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 partain 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

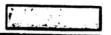
- 1. ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):

 ARREOLA'S MAINTENANCE COMPANY 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.

Name 3333 N FLOWING WELLS Rd # 165 Address 1	2.
Name	Name
3333 N FLOWING WELLS Rd #/65	
Address I	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Zip	City State or Zip
Tueson Province 85705	Province
Country	Country
	Country
Manager Member owning 20% or more	Member owning 20% or more
3.	4.
Name	Name
Address	Address 1
	1
Address 2 (optional)	
Address 2 (optioner)	Address 2 (optional)
City State or Zip	City State or Zip Province
Country	Country
Manager Member owning 20% or more	
Manager Member owning 20% or more	Manager Member owning 20% or more
r	6.
Name	Name
Address L	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Zip	City State or Zip
→ Province	→ Province
Country	Country
Manager Member owning 20% or more	Manager Member owning 20% or more

L040.006





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STATUTORY AGENT ACCEPTANCE

Pleace read Instructions MOD2

*	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): ARREOLA'S MAINTENANCE company 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:
	GUADAWPE ARREOLA

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.

GUADALUSE ARRECLA

REQUIRED - check only one:

Individual as statutory agent: I am Entity as statutory agent: I am signing on signing on behalf of myself as the individual behalf of the entity named as statutory agent, (natural person) named as statutory agent. and I am authorized to act for that entity.

Expedited services are available for an additional fee - see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing) Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. Fax: 602-542-4100

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