



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:

Lynan Lotus LLC

**EXPEDITED PROCESSING?**    ☐ YES - select 1 option below    ☒ NO - pay only the filing fee

NOTE: 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**

☐ **NEXT DAY SERVICE, ADD \$100.00**

Document will be examined within 2-hours of submission  
Must be received by 3:00pm MST

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 <b>REQUIRED</b> : <u>lynanlotus@gmail.com</u>		
	Phone number <b>REQUIRED</b> :		
<input type="checkbox"/> Pick up	Name:		
	Phone number <b>REQUIRED</b> :		
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone number <b>REQUIRED</b> :		

**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>







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**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:**

Lyric Lotus 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):

☐ Check box if same as physical/street address.

Arizona Statutory Agent Services LLC

Statutory Agent Name

Attention (optional)

12725 West Indian School Rd

Attention (optional)

Address 1

Suite E 101

Address 1

Address 2 (optional)

City Avondale

AZ

State

Zip

85392

Address 2 (optional)

City

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 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)		
12112 N. Rancho Vistoso Blvd Ste 150		
Address 1		
PMB 1016		
Address 2 (optional)		
Oro Valley	AZ	85755
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 Chavella Eaves Date 7/25/24

Printed Name Amanda Eaves

**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
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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.

Clear Form

Print Form

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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):

Lynon Lotus 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.

<p>1. <u>Amanda Evans</u></p> <p>Name <u>12112 N Rancho Vistoso Blvd</u></p> <p>Address 1 <u>Ste 150 PMB 1016</u></p> <p>Address 2 (optional)</p> <p>City <u>Oro Valley</u> State or Province <u>AZ</u> Zip <u>85755</u></p> <p>Country</p> <p><input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more</p>	<p>2. <u>Amanda Evans</u></p> <p>Name <u>12112 N Rancho Vistoso Blvd</u></p> <p>Address 1 <u>Ste 150 PMB 1016</u></p> <p>Address 2 (optional)</p> <p>City <u>Oro Valley</u> State or Province <u>AZ</u> Zip <u>85755</u></p> <p>Country</p> <p><input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more</p>
<p>3.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country</p> <p><input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more</p>	<p>4.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country</p> <p><input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more</p>
<p>5.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country</p> <p><input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more</p>	<p>6.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country</p> <p><input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more</p>