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ARTICLES OF ORGANIZATION

Read the Instructions <u>L010i</u>

1. ENTITY TYPE - check only one to indica	to the time of the same of the		
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 LO10i for fu Lumiere Lash LLC	Il naming requirements – give the exact name of the LLC:		
firm, accounting, medical):	MPANY SERVICES – if and only if professional LLC is services that the professional LLC will provide (examples: law		
	tion, Lash 14ft Services, wax/arsthetic		
4. STATUTORY AGENT for service of proces	ss - 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		
Bianca Tatoya Statutory Agent Name	- Physical/street address.		
Hessing Ln ddress 1	Attention (optional) 4653 W LESSING IN Address 1		
ddress 2 (optional)	Address 2 (optional)		
ty IUCSON State zip 85743	city TUCSON AZ State Zip 85742		
4.3 REQUIRED— the Statutory Agent Acceptance form M	002 must be submitted along with these Articles of Organization.		
 5. PRINCIPAL ADDRESS: 5.1 Is the principal address the same as the Yes - go to nur 	e street address of the statutory agent?		

5.2 If you answered "No" to number 5.1, provide the principal address be
--

Bianca Tataya Attention (optional)			
3776 N 154 AVE			
Suit 210 B Address 2 (optional)			
TUCSON	AZ	85742	
country United States	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 Signature	3/18/25
Bianca Tataya	

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 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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MEMBER STRUCTURE ATTACHMENT

1. ENTITY NAME – give the exact name of the LL	C (foreign LLCs – give name in domicile state or country)
Lumiere Lash LL	C
 MEMBERS – give the name and address of all N Member Structure Attachment form. 	
Bianca Tafina	2.
Name 4653 W LESSING LA	Name
Address 1 Ulessing Ln	
	Address 1
Address 2 (optional) TUCSON AZ 8574)	Address 2 (optional)
City State or Zip	City State or Zin
Country Province	Country
N	4.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	
Country State or Province	City State or Zip Province
5.	6.
Name	Name
Address 1	
	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Zip	City State or Zip
Country Province	Country Province
Name	
HOHE	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)

Country

City

State or

Province

Zip

City

Country

Zip

State or

Province





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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	1,1021
1.	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):
	Lumière Lash 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 <i>either</i> an individual or an entity). <i>NOTE</i> - 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:
	Bianca Tatova
	ISTUTED 1910/10
3.	STATUTORY AGENT SIGNATURE:
	The state of the s
	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.
S S S S S S S S S S S S S S S S S S S	Janca Work Bianca Tataya 3/18/25
KEY	UIRED - check only one:
Ø	Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.
<u> </u>	(natural person) named as statutory agent. and I am authorized to act for that entity.
	to doc for chac entity.
	Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.
Filin	
	g Fee: none (regular processing) Mail: Arizona Corporation Commission - Examination Section
All fe	ees are nonrefundable - see Instructions. 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
Please	
to the	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

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