

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:

Niños Collision Repair 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.

Angel Manuel Lopez
Statutory Agent Name

Attention (optional)

515 E Yavapai St.

Address 1

1155 E 1st St
Address 2 (optional)

City Phoenix

AZ

State

85004

Zip

Attention (optional)

Address 1

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**

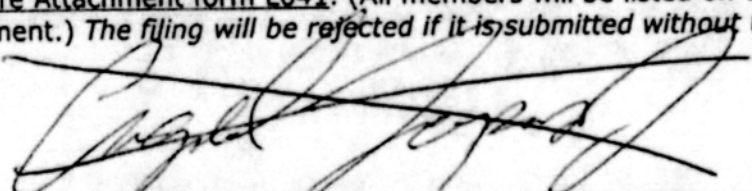
☐ **No - go to number 5.2 and continue**

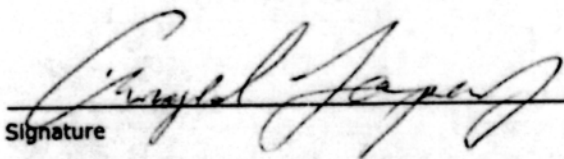
5.2 If you answered "No" to number 5.1, provide the principal address below:

Attention (optional)		
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.


Signature

5/20/2025
Date

Angel Manuel Lopez
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 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):

Nikos Collision Repair 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>Angel Manuel Lopez</u>	2. Name
Address 1 <u>45338 W Morris Rd</u>	Address 1
Address 2 (optional)	Address 2 (optional)
City <u>Phoenix</u> AZ Zip <u>85139</u>	City State or Province Zip
Country	Country
<input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more	<input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
3. Name	4. Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Province Zip	City State or Province Zip
Country	Country
<input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	<input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
5. Name	6. Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Province Zip	City State or Province Zip
Country	Country
<input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	<input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more

Clear Form

Print Form

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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):

Ninos Collision Repair 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:

Angel Manuel Lopez

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.

Angel Lopez Angel Manuel Lopez 5/20/2025
Signature Printed Name 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.

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

Filing Fee: none (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

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Corporations Division

COMMISSIONERS

KEVIN THOMPSON – Chair
 NICK MYERS - Vice Chair
 LEA MÁRQUEZ PETERSON
 RACHEL WALDEN
 RENE LOPEZ

Date: 6/3/2025

Delivered via: Pick Up

angel manuel lopez
 AZ
 USA

RE: Entity Name: NINOS COLLISION REPAIR LLC
 ACC Order Number: 202505303196449
 Document Received Date: 05/30/2025
 Rejected Document ID: 12651788

If you submitted a payment, it has been deposited and is nonrefundable pursuant to A.R.S. § 29-3213, unless otherwise noted below.

The document Articles of Organization you submitted is REJECTED for the following reasons:

1. The Statutory Agent street address section is incomplete or is not correct. The Statutory Agent must have a complete street or physical address. PO Boxes or personal mailboxes (PMB) are not allowed in the street address. If mail cannot be received at the street address, make sure the mailing address section is also completed.

Rejection Comments:

PLEASE LIST ONE ADDRESS PER BOX

YOUR NEXT STEPS:

Return the corrected document to us per the above instructions **with this rejection letter**. Please return the **entire** corrected document **no later than 30 days after the date of this letter** in order to keep your original filing date. If we receive the corrected document more than 30 days after the date of this letter, the original filing date will not apply; the corrected document's filing date would be the new received date if the document is approved for filing.

YOU CAN RESUBMIT ONE OF THE FOLLOWING WAYS:**ONLINE - Only if:**

- I You originally submitted online, and
- I There are no payment issues noted above, and
- I No new document type is required.

BY PAPER - Only if:

- I You originally submitted by mail or over the counter, or
- I There is a payment issue, or
- I A different or new document type is required.

For **online** resubmission, log into your account and select the document under "My Rejected Filings."

RECEIVED

JUN 16 2025

**ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION**

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:

Niños Collision Repair 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 type="checkbox"/> Email	Email address REQUIRED :		
	Phone number REQUIRED :		
<input checked="" type="checkbox"/> Pick up	Name:	Angel manuel Lopez	
	Phone number REQUIRED :	520-634-6786	
<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>