

## ARTICLES OF ORGANIZATION

### OF LIMITED LIABILITY COMPANY

#### ENTITY INFORMATION

**ENTITY NAME:** MONET HOME, LLC  
**ENTITY ID:** 23832331  
**ENTITY TYPE:** Domestic LLC  
**EFFECTIVE DATE:** 05/28/2025  
**CHARACTER OF BUSINESS:** Any legal purpose  
**MANAGEMENT STRUCTURE:** Manager-Managed  
**PERIOD OF DURATION:** Perpetual  
**PROFESSIONAL SERVICES:** N/A

#### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** Phillip Daniel Warren  
**PHYSICAL ADDRESS:** 7642 N. Chapala Pl, TUCSON, AZ 85704  
**MAILING ADDRESS:** 7642 N. Chapala Pl, TUCSON, AZ 85704

#### PRINCIPAL ADDRESS

7642 N. Chapala Pl, TUCSON, AZ 85704

#### PRINCIPALS

Manager: Morgann L. Warren - 7642 N. Chapala Pl., TUCSON, AZ, 85704, USA - warrenpd@gmail.com - Date of Taking Office:

Manager: Phillip Daniel Warren - 7642 N. Chapala Pl., TUCSON, AZ, 85704, USA - warrenpd@gmail.com - Date of Taking Office:

Member: Morgann L. Warren, as Co-Trustee of the Warren Living Trust, dated May 27, 2026 - Daniel & Morgann Warren, 7642 N. Chapala Pl., TUCSON, AZ, 85704, USA - warrenpd@gmail.com - Date of Taking Office:

Member: Phillip Daniel Warren, as Co-Trustee of the Warren Living Trust, dated May 27, 2026 - Daniel & Morgann Warren, 7642 N. Chapala Pl., TUCSON, AZ, 85704, USA - warrenpd@gmail.com - Date of Taking Office:

#### ORGANIZERS

Lindsay Glenn: 6760 N. Oracle Rd., Suite 120A, TUCSON, AZ, 85704, USA,

#### SIGNATURES

Organizer: Lindsay Glenn - 06/17/2025

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

**MANAGER STRUCTURE ATTACHMENT**

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

<b>1.</b> PHILLIP DANIEL WARREN Name 7642 N. CHAPALA PL. Address 1 Address 2 (optional) TUCSON AZ 85704 City State or Province Zip UNITED STATES Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	<b>2.</b> MORGANN L. WARREN Name 7642 N. CHAPALA PL. Address 1 Address 2 (optional) TUCSON AZ 85704 City State or Province Zip UNITED STATES Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
<b>3.</b> Phillip Daniel Warren, as Co-Trustee of the Warren Living Trust, dated May 27, 2025 Name 7642 N. CHAPALA PL. Address 1 Address 2 (optional) TUCSON AZ 85704 City State or Province Zip UNITED STATES Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more	<b>4.</b> Morgann L. Warren, as Co-Trustee of the Warren Living Trust, dated May 27, 2025 Name 7642 N. CHAPALA PL. Address 1 Address 2 (optional) TUCSON AZ 85704 City State or Province Zip UNITED STATES Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more
<b>5.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	<b>6.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country <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):

MONET HOME, 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:

PHILLIP DANIEL WARREN

**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



Printed Name

27-May-2025

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

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.

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:

MONET HOME, 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](#)

<b>4.1 REQUIRED</b> – give the <b>name</b> (can be an Arizona resident or an Arizona-registered entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:			<b>4.2 REQUIRED</b> – mailing address in Arizona of Statutory Agent (can be a P.O. Box): <input checked="" type="checkbox"/> Check box if same as physical/street address.		
PHILLIP DANIEL WARREN <small>Statutory Agent Name</small>					
Attention (optional) 7642 N. CHAPALA PL. <small>Address 1</small>			Attention (optional)  <small>Address 1</small>		
Address 2 (optional) City <b>TUCSON</b>	State <b>AZ</b>	Zip <b>85704</b>	Address 2 (optional) City	State <b>AZ</b>	Zip
<b>4.3 REQUIRED</b> – the <a href="#">Statutory Agent Acceptance</a> 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)	AZ	
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.**



05/27/2025

Signature

Date

LINDSAY GLENN

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

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