

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:

ZARA NAILS & SPA, 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.

HANH THI NGUYEN
Statutory Agent Name

Attention (optional)
4632 W. PLEASANT LANE
Address 1

Address 2 (optional)
City LAVEEN State AZ Zip 85339

Attention (optional)

Address 1

Address 2 (optional)
City State AZ 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	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

08/11/2025

Date

HANH THI NGUYEN
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.



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

MEMBER STRUCTURE ATTACHMENT

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

ZARA NAILS & SPA, LLC

2. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another **Member Structure Attachment** form.

<p>1.</p> <p>HANH THI NGUYEN</p> <p>Name</p> <p>4632 W. PLEASANT LANE</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>LAVEEN AZ 85339</p> <p>City State or Province Zip</p> <p>Country <input type="text" value="USA"/> <input type="button" value="v"/></p>	<p>2.</p> <p>TU THANH DINH</p> <p>Name</p> <p>4632 W. PLEASANT LANE</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>LAVEEN AZ 85339</p> <p>City State or Province Zip</p> <p>Country <input type="text" value="USA"/> <input type="button" value="v"/></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 <input type="text"/> <input type="button" value="v"/></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 <input type="text"/> <input type="button" value="v"/></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 <input type="text"/> <input type="button" value="v"/></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 <input type="text"/> <input type="button" value="v"/></p>
<p>7.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country <input type="text"/> <input type="button" value="v"/></p>	<p>8.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country <input type="text"/> <input type="button" value="v"/></p>

Clear Form

Print Form

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

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):

ZARA NAILS & SPA, LLC

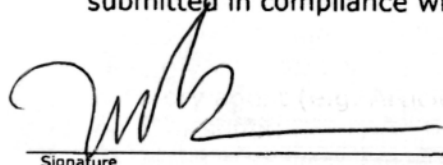
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

HANH THI NGUYEN

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

HANH THI NGUYEN

Printed Name

08/11/2025

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.

Clear Form

Print Form

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

RECEIVED

AUG 12 2025

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
**** ORDER COPIES USING A RECORDS REQUEST FORM ****

WHAT ARE YOU FILING?ARIZONA CORP COMMISSION
CORPORATIONS DIVISION
☒ 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:

ZARA NAILS & SPA, 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 REQUIRED : TOMNGV1943@HOTMAIL.COM		
	Phone number REQUIRED : 602-7906156		
<input type="checkbox"/> Pick up	Name:		
	Phone number REQUIRED :		
<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>