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**Articles of Incorporation for a Profit Corporation**

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

\_\_\_\_\_  
*(The name of a corporation must contain the term or abbreviation "corporation",  
"incorporated", "company", "limited", "corp.", inc. ", "co." or "ltd.". See §7-90-  
601, C.R.S. If the corporation is a professional or special purpose corporation, other  
law may apply.)*

**(Caution:** The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the corporation's initial principal office is

Street address

\_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable)*

\_\_\_\_\_  
*(Country)*

Mailing address

**(leave blank** if same as street address)

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable)*

\_\_\_\_\_  
*(Country)*

3. The registered agent name and registered agent address of the corporation's initial registered agent are

Name

**(if an individual)**

\_\_\_\_\_  
*(Last)*

\_\_\_\_\_  
*(First)*

\_\_\_\_\_  
*(Middle)*

\_\_\_\_\_  
*(Suffix)*

**OR**

**(if an entity)**

**(Caution:** Do not provide both an individual and an entity name.)

Street address

\_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
**CO**  
*(State)*

\_\_\_\_\_  
*(ZIP/Postal Code)*

Mailing address

(leave blank if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP/Postal Code)

(The following statement is adopted by marking the box.)

☐ The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name

(if an individual)

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR**

(if an entity)

(**Caution:** Do not provide both an individual and an entity name.)

\_\_\_\_\_

Mailing address

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

(If the following statement applies, adopt the statement by marking the box and enter the number of shares.)

☐ The corporation is authorized to issue \_\_\_\_\_ common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ Additional information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

(**Caution:** At least one box must be marked. Both boxes may be marked, if applicable.)

6. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

7. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

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(Last)	(First)	(Middle)	(Suffix)
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_____			
_____	_____	_____	
(City)	(State)	(ZIP/Postal Code)	
_____		_____	
(Province – if applicable)		(Country)	

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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