## Form must be filed electronically.

Paper forms are not accepted.

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## **Articles of Incorporation for a Profit Corporation**

filed pursuant to § 7-102-101, § 7-102-102, and § 7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.					
2. The domestic entity name for the corpor	ration is		0		
(Caution: The use of certain terms or abbrevio	ations are restricted by law. Read	l instructions for mo	e information.)		
3. The principal office address of the corporate address of the corpora	oration's initial principal off	ice is			
Street address	(Street number and name)				
	(City)	(State)	(ZIP/Postal Co	ode)	
	(Province – if applicable)	(Country)			
Mailing address					
(leave blank if same as street address)	(Street number and na	me or Post Office Box i	nformation)		
	(City)	(State)	(ZIP/Postal Co	ode)	
	(Province – if applicable)	(Country)	<del>.</del>		
4. The registered agent name and registere	ed agent address of the corpo	ration's initial reg	istered agent	are	
Name					
(if an individual)	(Last)	(First)	(Middle)	(Suffix	
or					
(if an entity) (Caution: Do not provide both an individu	ual and an entity name.)				
Street address					
Sirect address	(Street number and name)				
	(C': )	<u>CO</u>	(ZID/D ) I C		
	(City)	(State)	(ZIP/Postal Co	ode)	

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)			
	(City)	<u>CO</u> (State)	(ZIP/Postal Code)	
(The following statement is adopted by marking the bo		()		
☐ The person appointed as registered as	gent above has consented to	o being so appoir	nted.	
5. The purposes for which the corporation w	as formed are			
( The town on a second one it is a seld on a s	·		0	
6. The true name and mailing address of the	incorporator are			
Name (if an individual)				
or	(Last)	(First)	(Middle) (Suffix)	
(if an entity) (Caution: Do not provide both an individua	l and an entity name.)			
Mailing address	(Street number and na	me or Post Office Box	information)	
-	(Sirect number dua na			
-	(City)	(State)	(ZIP/Postal Code)	
-	(Province – if applicable)	(Country)	·	
(If the following statement applies, adopt the The corporation has one or more a additional incorporator are stated	dditional incorporators and			
7. The classes of shares and number of share follows.	es of each class that the con	rporation is autho	orized to issue are as	
<ul> <li>The corporation is authorized to issue rights and are entitled to receive the</li> </ul>				
<ul> <li>Information regarding shares as requiattachment.</li> </ul>	ired by section 7-106-101,	C.R.S., is include	ed in an	
8. (If the following statement applies, adopt the statemen  This document contains additional in				
9. (Caution: Leave blank if the document does not significant legal consequences. Read instruction		Stating a delayed e	ffective date has	
(If the following statement applies, adopt the statement The delayed effective date and, if applications are the statement applies and the statement applies and the statement applies and the statement applies are the statement applies.)		is/are	nuired format.)  (yyyy hour:minute am/pm)	

## Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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10. The true name and mailing address of the individual causing the document to be delivered for filing are

		(FIL.)	200.00			
	(Last)	(First)	(Middle)	(Suffix		
	(Street number and name or Post Office Box information)					
	(City)	(State)	(ZIP/Postal Co	ode)		
	(Province – if applicable)	(Country)	<b>·</b>			
(If the following statement applies, adopt th	ne statement by marking the box and inc	lude an attachment.)				
☐ This document contains the true causing the document to be deliv		one or more additi	ional individua	als		

## Disclaimer:

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