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Articles of Organization for a Limited Cooperative Association

Filed pursuant to §7-58-302, §7-58-303 and §7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.

2. The domestic entity name of the limited cooperative association is:

_____.

3. The principal office address of the limited cooperative association'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)

4. The registered agent name and registered agent address of the limited cooperative association's initial registered agent are

Name

(if an individual)

(Last) (First) (Middle) (Suffix)

or

(if an entity)

_____.

Street address

(Street number and name)

(City) CO (State) (ZIP Code)

Mailing address
(leave blank if same as above)

(Street number and name or Post Office Box information)

(City) CO _____
(State) *(ZIP Code)*

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

5. The purposes for which the limited cooperative association is formed are

6. The true names and addresses of the persons organizing the limited cooperative association are

True Name
(if an individual) _____
(Last) *(First)* *(Middle)* *(Suffix)*

or

(if an entity)

Street address

(Street number and name)

(City) _____ _____
(State) *(ZIP Code)*

(Province – if applicable) _____
(Country)

Mailing address
(leave blank if same as above)

(Street number and name or Post Office Box information)

(City) _____ _____
(State) *(ZIP/Postal Code)*

(Province – if applicable) _____
(Country)

The limited cooperative association has one or more additional persons forming the limited cooperative association and the name and mailing address of each such person are stated in an attachment.

6. 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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_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>

<i>(Street number and name or Post Office Box information)</i>			

_____	_____	_____	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country)</i>	

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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