Form must be filed electronically.
Paper forms are not accepted.
This copy is a sample and cannot be submitted for filing.

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
   ________________________________________________________.
   (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) (State) (ZIP/Postal Code)

   Mailing address
   (leave blank if same as street address)
   ________________________________________________________
   ____________________    ____________________
   (Street number and name or Post Office Box information) (City) (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.

☐ 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.

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

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)

Notice:
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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.
8. The true name and mailing address of the individual causing the document to be delivered for filing are

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☐ 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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