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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Corporation Sole

filed pursuant to §7-90-301, et seq., §7-52-101, and §7-122-102 of the Colorado Revised Statutes (C.R.S)

1. For the entity, its entity name is _____.

2. The principal office address of the entity's principal office is

Street address

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

Mailing address

(leave blank if same as street address)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

3. The registered agent name and registered agent address of the 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).

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

Street address

(Street name and number)

(City) CO (State) (Postal/Zip Code)

Mailing address

(leave blank if same as street address)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

4. The purpose of the corporation is _____

_____.

(If additional space is needed, mark this box and include an attachment stating the purpose of the corporation.)

5. (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)

6. The name and title of the person in whom is vested the legal title to the property is

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

(Title)

7. Additional information may be included pursuant to §7-52-101, C.R.S. and other organic statutes such as title 12, C.R.S. If applicable, mark this box and include an attachment stating the additional information.

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

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

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Business Information Survey (Optional)

For office use only

Submit with your form if you want to add, change, or remove survey information

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information

ID number

Entity name

Choose one:

- 1. Remove all survey information from this entity's record.
- 2. Add or update the survey information on this entity's record as follows:

a) Gender

- Male
- Female
- Choose not to answer / Remove this information

b) Veteran?

- Yes
- No
- Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

Entity information continued

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at www.naics.com/search.htm.

Filer's information

First	Middle	Last	Suffix	
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or the document may be rejected and returned.

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