Statement of Correction Correcting a Mistakenly Filed Foreign Entity that was meant to be a Domestic Entity

Business Program Colorado Secretary of State 1700 Broadway, Ste. 550 Denver, CO 80290 Phone: 303-894-2200 Email: <u>Business@coloradosos.gov</u> Kebsite: <u>www.coloradosos.gov</u>

This form must be typed. Documents may be submitted by mail or dropped off at our office along with payment. Document processing fee: \$150.00

Filed pursuant to § 7-90-305 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number, entity name, and true name, if applicable, are: Colorado Secretary of State ID Number:

. . . .			

Entity name:



- 2. The document number of the filed document being corrected is:
- 3. The correct constituent filed document is attached.
- 4. If applicable, adopt the following statement by marking the box and include an attachment:



This document contains additional information as provided by law.

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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on



whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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 identified in this document as one who has caused it to be delivered.

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

Filer Information			
Last name	First name	Middle	Suffix_
Address 1			
Address 2			
City	State		ZIP code
Province (if applicable)	Country		

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

If applicable, mark this box and include an attachment stating the additional individuals.



More information will be attached.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).



Articles of Incorporation for a Profit Corporation

Business Program Colorado Secretary of State 1700 Broadway, Ste. 550 Denver, CO 80290 Phone: 303-894-2200 Email: <u>Business@coloradosos.gov</u> Kax: 303-869-4864 Website: <u>www.coloradosos.gov</u>

This document must be filed with the statement of correction.

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 use of certain terms or abbreviations are restricted by law. Read more about "designators" on our website.

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

State	ZIP code
Country	
k if same as street addr	ress)
State	ZIP code
	Country



Province (if applicable)	Country

3. The registered agent name and registered agent address of the registered agent are:

Caution: Do not provide both an individual and an entity name

Individual

Last name	First name	Middle	Suffix

OR

Entity

Entity name

Registered Agent Address

Address 1

Address 2

City	State	ZIP code
	CO	
Province (if applicable)	Country	

Registered Agent Mailing Address (Leave blank if same as street address)

Address 1

Address 2

City	State	ZIP code
	СО	



Province (if applicable)	Country

4. If applicable, adopt the following statement by marking the box:



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

5. The true name and mailing address of the incorporator are: Caution: Do not provide both an individual and an entity name

Individual			
Last name	First name	Middle	Suffix
OR			
Entity			
Entity name			

Incorporator Mailing Address

Address 1

Address 2

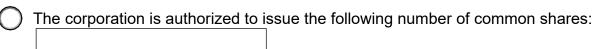
City	State	ZIP code	
Province (if applicable)	Country		

If applicable, adopt the following 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.



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



The common shares 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.

7. If applicable, adopt the following statement by marking the box and include an attachment:



This document contains additional information as provided by law.

8. The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Notice:

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

Filer Information			
Last name	First name	Middle	Suffix
Address 1			
Address 2			
City	State	ZIP code	
Province (if applicable)	Country		

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing. If applicable, mark this box and include an attachment stating the additional individuals.



More information will be attached.

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Business Information Survey (Optional)

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:

Colorado Secretary of State ID Number

Entity name

Choose one:

1. Remove all survey information from this entity's record.

OR

- 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
 - Choose not to answer / Remove this information
- d) Race

African American	\bigcirc	Latino
Anglo	\bigcirc	Native American
Asian	\bigcirc	Other
	Anglo	Anglo

- Choose not to answer / Remove this information
- e) NAICS code(s)

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

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5



Filer's information:

Last name	First name	Middle	Suffix
Address 1			
Address 2			
City	State	710	o code
		Z II	
	Countin		
Province (if applicable)	Country	/	

