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 Cooperative Association
filed pursuant to § 7-55-102 and § 7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.

2. The domestic entity name of the association is

   ____________________________________________________

3. The principal office address of the association’s principal office is

   Street address
   ____________________________    ____    ______________
   (City)                        (State)        (ZIP/Postal Code)

   Mailing address
   (leave blank if same as street address)
   ____________________________    ____    ____________________
   (City)                        (State)        (ZIP/Postal Code)

4. The registered agent name and registered agent address of the association’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)
The person appointed as registered agent above has consented to being so appointed.

5. The purposes for which the corporation was formed are

_____________________.

The attachment to this document contains information regarding the following:
- the true name and mailing address of each incorporator;
- the number and terms of directors, which number shall be not less than three;
- the authorized capital stock, the number of shares into which said stock is divided, and the par value of each; and
- the number of memberships authorized, the capital subscription of each, and the method of determining property rights and interests of each member without capital stock.

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:
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.

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

________________________________________  ________________________________
(First)  (Last) (Middle) (Suffix)

(Street number and name or Post Office Box information)

________________________________________  ________________________________
(City) (State) (ZIP Code)

(Province – if applicable) (Country)
(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ 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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