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Document number: 20051381289

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A filed pursuant to \$7-90-301, et se	articles of Organization of the Control of the Cont		d Statu	ites (C.R.S)		
1. Entity name:						
	CJM, LLC					
	(The name of a limited liability company must contain the term or abbreviation "limited liability company", "Itd. liability company", "limited liability co.", "Itd. liability co.", "limited", "Ilc.", "I.l.c.", or "Itd." §7-90-601, C.R.S.)					
2. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):	"bank" or "trust" or any derivative thereof "credit union" "savings and loan" "insurance", "casualty", "mutual", or "surety"					
3. Principal office street address:	7275 S Revere Parkway					
•	Suite 801	eet name and numbe	r)			
	Centennial	СО	8011	12		
	(City)	United S	tates	(Postal/Zip Cod	de)	
	(Province – if applicable)	(Country – if	not US)			
4. Principal office mailing address (if different from above):	(Street name and number or Post Office Box information)					
	(City)	(State)		(Postal/Zip Code)		
	(Province – if applicable)	(Country – if	not US)	-		
5. Registered agent name (if an individual):	Kutner	Michael	Н			
OR (if a business organization):	(Last)	(First)		(Middle)	(Suffix	
6. The person identified above as registere	d agent has consented to b	peing so appoin	ted.			
7. Registered agent street address:	7275 S Revere Parl	kway				
7. Registered agent succi address.		eet name and numbe	r)			
	Centennial	CO	8011	2		
	(City)	(State)		(Postal/Zip Cod	de)	

	$(Province-if\ applicable)$	(Country – if n	ot US)				
				-			
	(City)	United St	ates	(Postal/Zip Co	ode)		
	(Street name an	d number or Post Offi	се Вох	information)			
	(Street name on	d number or Post Off	ca Rox	information)			
OR (if a business organization	on)						
(if an individu	(Last)	(First)		(Middle)	(Suffix		
	(Province – if applicable)	(Country – if n	ot US)				
	(City)	United St	ates	(Postal/Zip Code)			
	Centennial	CO	80	112			
	Suite 801 (Street name an	d number or Post Offi	се Вох	information)			
	7275 S Revere Parkway						
OR (if a business organization	* *	(2.1121)		((~ 155)		
(if an individu	(Last) Kutner	Marcee (First)		(Middle)	(Suffix		
	(Province – if applicable)	(Country – if n	ot US)				
	(City)		United States (Postal/Zip Code)		oae)		
	Centennial	<u>CO</u>)112			
	Suite 801 (Street name an	Suite 801 (Street name and number or Post Office Box information)					
	7275 S Revere Par						
OR (if a business organization	n):						
9. Name(s) and mailing address(es) of person(s) forming the limited liability company: (if an individual	Kutner (Last)	Michael (First)	_ <u>H</u>	(Middle)	(Suffix		
	(Province – if applicable)	(Country – if n	ot US)	-			
	(City)	(State)		(Postal/Zip Co	ode)		
(if different from above):	(Street name and number or Post Office Box information)						
8. Registered agent mailing address							

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10. The management of the limited liability OR is vested in the members	ity company is vested	in managers 🔽				
11. There is at least one member of the lin	mited liability compan	y.				
12. (Optional) Delayed effective date:	11/01/2005 11:5	9 PM				
13. Additional information may be included applicable, mark this box and in	-	_		If		
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