



Colorado Secretary of State  
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### Articles of Organization

filed pursuant to [§7-90-301](#), et seq. and [§7-80-204](#) of the Colorado Revised Statutes (C.R.S.)

1. Entity name:

#### Candid Photography

*(The name of a limited liability company must contain the term or abbreviation "limited liability company", "Ltd. liability company", "limited liability co.", "Ltd. liability co.", "limited", "llc", "L.L.C.", or "Ltd." §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:

5365 Suffolk Avenue

*(Street name and number)*

Castle Rock

*(City)*

CO 80104

*(State)*

*(Postal/Zip Code)*

United States

*(Country – if not US)*

*(Province – if applicable)*

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):*

Krzycki

*(Last)*

Nealie

*(First)*

D.

*(Middle)*

Mrs.

*(Suffix)*

OR *(if a business organization):*

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

7. Registered agent street address:

5365 Suffolk Avenue

*(Street name and number)*

Castle Rock

*(City)*

CO

*(State)*

80104

*(Postal/Zip Code)*

8. Registered agent 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)

9. Name(s) and mailing address(es)  
of person(s) forming the limited  
liability company:

(if an individual) Krzycki Jon T. Mr.  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization)

5365 Suffolk Avenue  
(Street name and number or Post Office Box information)  
\_\_\_\_\_  
Castle Rock CO 80104  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
United States  
(Province – if applicable) (Country – if not US)

(if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization)

\_\_\_\_\_  
(Street name and number or Post Office Box information)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
United States  
(Province – if applicable) (Country – if not US)

(if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization)

\_\_\_\_\_  
(Street name and number or Post Office Box information)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
United States  
(Province – if applicable) (Country – if not US)

(If more than three persons are forming the limited liability company, mark this box ☐ and include an attachment stating the true names and mailing addresses of all additional persons forming the limited liability company)

10. The management of the limited liability company is vested in managers ☒

**OR** is vested in the members ☐

11. There is at least one member of the limited liability company.

12. (Optional) Delayed effective date: \_\_\_\_\_.  
(mm/dd/yyyy)

13. Additional information may be included pursuant to 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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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.

14. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

|   |         |                       |          |
|---|---------|-----------------------|----------|
| Krzycki   | Nealie  | D.                    | Mrs.     |
| (Last)  | (First) | (Middle)              | (Suffix) |
| 5365 Suffolk Avenue                                     |         |                       |          |
| (Street name and number or Post Office Box information) |         |                       |          |
| Castle Rock   |         | CO                    | 80104    |
| (City)  | (State) | (Postal/Zip Code)     |          |
| United States   |         |                       |          |
| (Province – if applicable)                              |         | (Country – if not US) |          |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

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