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Colorado Secretary of State

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limite	1212 Emigh, LLC				
	(The name of a limited liability "limited liability company", liability co.", "limited", "l.l.c.	'ltd. liability compan	y", "limited liability co."		
(Caution: The use of certain terms or abbrev	viations are restricted by law.	Read instructions fo	or more information.)		
2. The principal office address of the lim	ited liability company's ini	tial principal of	fice is		
Street address	2310 E. 145th Cou	rt			
	(Street number and name)				
	Thornton	CO	80602		
	(City)	United S	United States (ZIP/Postal Code)		
	(Province – if applicable) (Country)		try)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Cod	de)	
	(Province – if applicable)	(Count	(Country)		
3. The registered agent name and register agent are	red agent address of the lin	nited liability con	mpany's initial regi	stered	
Name	Hinds	Kevin	1		
(if an individual)	(Last)	(First)	(Middle)	(Suffix	
OR	, ,	, ,	, ,		
(if an entity) (Caution: Do not provide both an indivi	idual and an entity name.)				
Street address	2310 E. 145th Court				
	(Street number and name)				

(City)

(State)

(ZIP Code)

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	<u>CO</u> (State)	(ZIP Code)		
(The following statement is adopted by marking to The person appointed as registere		being so appointed	d.		
4. The true name and mailing address of	the person forming the l	imited liability com	npany are		
Name (if an individual)	Hinds	Kevin	L.		
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an individual	dual and an entity name.)				
Mailing address	2310 E. 145th Co	ourt			
	(Street number and name or Post Office Box information)				
	Thornton	CO	80602		
	(City)	United S	tates (ZIP/Postal C	Code)	
	(Province – if applical	ble) (Country	y)		
 (If the following statement applies, adopt a company and the name and masses of the limited liability (Mark the applicable box.) ✓ one or more managers. OR the members. 	as one or more addition iling address of each such	al persons forming	the limited liabili	-	
6. (The following statement is adopted by marking the There is at least one member of the 7. (If the following statement applies, adopt the states This document contains additional 8. (Caution: Leave blank if the document does	e limited liability compa ment by marking the box and in information as provided	d by law.	ad offactive data has		
(If the following statement applies, adopt the state The delayed effective date and, if appl	ctions before entering a date ment by entering a date and, if	e.) Sapplicable, time using the	-		

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	Dang	Sheila		
	7083 Hollywood Blvd	d., Suite 180	(Middle)	(Suffix)
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