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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 limited liability company is

Document must be filed electronically.

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Document processing fee

Fees & forms/cover sheets

are subject to change.

Urban Earth Gardening Services

(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", "l.l.c.", "Itc", or "Itd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

_ _ _ .

2. The principal office address of the limited liability company's initial principal office is

Street address	2775 S Elm Street		
	(Street n	number and name)	
	Denver	CO 80222	
	(City)	United States (ZIP/Postal Code)	
	(Province – if applicable)	(Country)	
Mailing address			
(leave blank if same as street address)	(Street number and name or Post Office Box information)		
	(City)	(State) (ZIP/Postal Code)	
	(Province – if applicable)	(Country)	

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)	Gocken	Khalana		
OR	(Last)	(First)	(Middle)	(Suffix)
(if an entity) (<i>Caution: Do not provide both ar</i>	n individual and an entity name	<i>e.)</i>		
Street address	5775 W 29th S	St		
	#507	(Street number and name)		
	Greeley	<u> </u>	80634 (ZIP Code)	
	(2.13)	(State)	(241 0000)	

Mailing address				
(leave blank if same as street address)	(Street number and name or Post Office Box information)			
		<u>CO</u>		
	(City)	(State)	(ZIP Code)	
(The following statement is adopted by marking t		aing as annointed		
The person appointed as registere	a agent has consented to b	eing so appointed.		
The true name and mailing address of	the person forming the lim	ited liability compa	ny are	
The fide hand and maning address of	the person forming the min	ned natinty compa	ily ale	
Name (if an individual)	Hukill	Devon		
	(Last)	(First)	(Middle)	(Suffix
OR				(55
(if an entity)				
(Caution: Do not provide both an indivi	dual and an entity name.)			
Mailing address	2775 S Elm Street			
	(Street number and name or Post Office Box information)			
	Denver	CO 8	0222	
	(City)	United State	es (ZIP/Postal Cod	e)
	(Province – if applicable)	(Country)	·	

(Province – if applicable)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in (*Mark the applicable box.*)

one or more managers.

OR

 \checkmark the members.

6. (*The following statement is adopted by marking the box.*)

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

7. (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.

8. (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)

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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.

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

Gocken	Khalana		
5775 W 29th St	(First)	(Middle)	(Suffix)
(Street number)	and name or Post Office Bo	x information)	
Greeley	CO 80	364	
(City)	United States	(ZIP/Postal Co	ode)
(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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