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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

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## Paper Flower Press, 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", "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	2646 S. Gibralter St			
	(Street r	number and name)		
	Aurora	CO 8	0013	
	(City)	United Stat	(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	
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(if an individual)	Cook	Nahshon		
OR	(Last)	(First)	(Middle)	(Suffix)
(if an entity) ( <i>Caution: Do not provide both an</i>	n individual and an entity name.)			
Street address	2646 S. Gibralte	er St		
<u>Meter</u> address		(Street number and name	)	
	Aurora (City)	CO (State)	80013 (ZIP Code	)

( <i>City</i> ) ( <i>City</i> ) agent has consented to b e person forming the lim	• •	(ZIP Code)	
<i>box.)</i> agent has consented to b	(State)	l.	
<i>box.)</i> agent has consented to b	eing so appointed	l.	
agent has consented to b	• •		
e person forming the lim	ited liability com	pany are	
Cook	Nahshon		
(Last)	(First)	(Middle)	(Suffix)
•	St		
(Street number and name or Post Office Box information)			
Aurora	CO	80013	
(City)	United St	ates (ZIP/Postal Cod	de)
(Province – if applicable)	(Country)	)	
one or more additional	persons forming t	the limited liability	ý
	(Last) tal and an entity name.) 2646 S. Gibralter S (Street number Aurora (City) (Province – if applicable) e statement by marking the box of s one or more additional	(Last) (First)   aal and an entity name.) 2646 S. Gibralter St   2646 S. Gibralter St (Street number and name or Post Office)   Aurora CO   (City) United St   (Province – if applicable) (Country)   e statement by marking the box and include an attachmer so one or more additional persons forming the number of the state of the st	(Last) (First) (Middle)   (Initial and an entity name.) 2646 S. Gibralter St (Street number and name or Post Office Box information)   Aurora CO 80013   (City) United States (ZIP/Postal Code)   (Province – if applicable) (Country) (Country)   e statement by marking the box and include an attachment.) so one or more additional persons forming the limited liability ing 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.)

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~	one or more	managers.

~	one or	more	manag

OR

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

Cook	Nahshon		
2646 S. Gibralter St	(First)	(Middle)	(Suffix)
(Street number a	und name or Post Off	ice Box information)	
Aurora	СО	80013	
(City)	United S	(ZIP/Postal C	ode)
(Province – if applicable)	(Country	y)	

(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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