

Document must be filed electronically. Paper documents will not be accepted. Document processing fee
Fees & forms/cover sheets
are subject to change.
To access other information or print
copies of filed documents,
visit <a href="https://www.sos.state.co.us">www.sos.state.co.us</a> and
select Business Center.

Colorado Secretary of State

Date and Time: 03/16/2010 01:17 PM

ID Number: 20101156792

\$50.00 Document number: 20101156792

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

## **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

## B J ASHLEY, LLC

(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", "l.l.c.", "llc", or "ltd.". 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

<del></del>					
Street address	(Street number and name)				
	PUEBLO		81004		
	(City)	United S	tates (ZIP/Postal Co	ode)	
	(Province – if applicable)	(Countr	y)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Co	ode)	
	(Province – if applicable)	(Country	·		
agant ara	red agent address of the limite	d nathrity con	ipany s initiai reg	istered	
agent are  Name (if an individual)	ed agent address of the filling	d hability con	ipany s initiai reg	istered	
	(Last)	(First)	ipany s initial reg	istered	
Name (if an individual)	(Last)  Corporation Service C	(First)			
Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an indivi	(Last)  Corporation Service C	(First)			
Name (if an individual)  OR  (if an entity)	(Last)  Corporation Service Conduction dual and an entity name.)  1560 Broadway	(First)	(Middle)		
Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an indivi	Corporation Service (dual and an entity name.)  1560 Broadway	(First)	(Middle)		

Mailing address (leave blank if same as street address	(Street number an	(Street number and name or Post Office Box information)				
		СО				
	(City)	(State)	(ZIP Code)			
(The following statement is adopted by marking)  The person appointed as registed.		eing so appointed	d.			
4. The true name and mailing address of	of the person forming the lim	ited liability com	npany are			
Name (if an individual)	ASHLEY	BRIAN	J			
OR	(Last)	(First)	(Middle)	(Suffix)		
(if an entity) (Caution: Do not provide both an ind	lividual and an entity name.)					
Mailing address	6467 MEADOW DI	₹				
	(Street number	(Street number and name or Post Office Box information)				
	PUEBLO	CO	81004			
	(City)	United S	states (ZIP/Postal Co	ode)		
	(Province – if applicable)	(Country	y)			
(If the following statement applies, add  The limited liability company company and the name and in the name and in the management of the limited liability (Mark the applicable box.)  one or more managers.	y has one or more additional mailing address of each such	persons forming	the limited liabilit			
OR  ✓ the members.						
6. (The following statement is adopted by marking  There is at least one member of		·.				
7. (If the following statement applies, adopt the statement contains addition						
8. (Caution: Leave blank if the document do significant legal consequences. Read inst	oes not have a delayed effective de		ed effective date has			
(If the following statement applies, adopt the statement delayed effective date and, if applies are the statement applies and the statement applies and the statement applies adopt the statement appl		ent is/are	e required format.) n/dd/yyyy hour:minute a	·m/pm)		

## **Notice:**

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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

	ASHLEY	BRIAN	J	
	6467 MEADOW DR	(First)	(Middle)	(Suffix)
	(Street number o	and name or Post Off	ice Box information)	
	PUEBLO	CO 81004		
	(City)	United S	tates (ZIP/Postal Co	de)
	(Province – if applicable)	(Country)		
(If the following statement applies, adopt the	statement by marking the box and	include an attachme	nt.)	
This document contains the true n causing the document to be delive		f one or more ac	dditional individua	1s

## **Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).