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Colorado Secretary of State

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Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

BFK East Bay, Inc.

(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", inc.", "co." or "ltd.". See §7-90-601, C.R.S. If the corporation is a professional or special purpose corporation, other law may apply.)

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

2. The principal office address of the corporation's initial principal office is

Street address	3476 Beeler Cour	t			
	(Street number and name)				
	Denver	CO	80238		
	(City)	United S	(ZIP/Postal Co	ode)	
	$(Province-if\ applicable$	e) (Count	ry)		
Mailing address	384 Chelmsford D	rive			
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	Brentwood	CA	94513		
	(City)	(State)	(State) (ZIP/Postal Code) United States		
		United S	States		
The registered agent name and registe	(Province – if applicable	(Count	ry)	are	
The registered agent name and registon Name (if an individual)	ered agent address of the c	orporation's initia	ry) I registered agent		
Name	ered agent address of the c	orporation's initia	ry)		
Name (if an individual)	Picard (Last)	orporation's initia	ry) I registered agent		
Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Picard (Last)	orporation's initial Ryan (First)	ry) I registered agent		
Name (if an individual) OR (if an entity)	Picard (Last) vidual and an entity name.) 3476 Beeler Court	orporation's initial Ryan (First)	ry) I registered agent a (Middle)		
Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Picard (Last) vidual and an entity name.) 3476 Beeler Court	orporation's initial Ryan (First)	ry) I registered agent a (Middle)	are (Suffix)	

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)			
	(City)	CC	(ZIP/Postal	Code
	(Cuy)	(Stat	e) (ZIF/Posiai	Coae)
(The following statement is adopted by marking the The person appointed as registered		nted to being so	appointed.	
1. The true name and mailing address of	the incorporator are			
Name	Rappaport	Deborah		
(if an individual)	(Last)	(First)	(Middle)	(Suffix)
OR	(=13.7)	(=)	(======================================	(2195117)
(if an entity) (Caution: Do not provide both an indivi	dual and an entity name.)			
Mailing address	1180 Welsh Roa	d		
	Suite 280	and name or Post Of	fice Box information)	
	North Wales	PA	19454	
	(City)	Unite	d States (ZIP/Postal	Code)
	(Province – if applical		untry)	
(If the following statement applies, adopt The corporation has one or more additional incorporator are states.) The classes of shares and number of shares follows.	re additional incorporate ed in an attachment.	ors and the name	and mailing address	
(If the following statement applies, adoption The corporation is authorized trights and are entitled to receive	to issue 1,000,000 co	ommon shares tha	at shall have unlimi	ted voting
(If the following statement applies, adop Additional information regarding attachment. (Caution: At least one box must be marked)	ng shares as required by	section 7-106-1		ded in an
5. (If the following statement applies, adopt the states	ment by marking the box and in	nclude an attachment.))	
☐ This document contains additional	information as provide	d by law.		
7. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instruc			layed effective date ha	ıs
(If the following statement applies, adopt the state The delayed effective date and, if applied the state of		ument is/are	g the required format.) (mm/dd/yyyy hour:minute	 e_am/nm)
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8. The true name and mailing address of the individual causing the document to be delivered for filing are

Rappaport	Deborah		
1180 Welsh Road	(First)	(Middle)	(Suffix)
Suite 280 (Street number	and name or Post Off	fice Box information)	
North Wales	PA	19454	
(City)	United S	(ZIP/Postal Co	de)
(Province – if applicable)	(Count	ry)	
			ls
	(Last) 1180 Welsh Road Suite 280 North Wales (City) (Province – if applicable) the statement by marking the box and name and mailing address of	(Last) (First) 1180 Welsh Road Suite 280 North Wales (City) PA (State) United S (Province – if applicable) (Count. the statement by marking the box and include an attachment and mailing address of one or more as	(Last) (First) (Middle) 1180 Welsh Road Suite 280 North Wales (City) (State) (ZIP/Postal Color United States) (Province – if applicable) (Country) The statement by marking the box and include an attachment.) name and mailing address of one or more additional individual

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