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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 entit | y name of the limited liability | company is |
|-----------------------|---------------------------------|------------|

## J Core Investors, LLC

601 E. Hyman Avenue

(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

|  | (Street number and name)   |                        |   |
|--|--|------------------------|---|
|  | Aspen  | СО                     | 81611                                     |
|  | (City)   | United S               | (ZIP/Postal Code)                         |
|  | (Province – if applicable)                                       | (Countr                | ry)                                       |
| Mailing address  |  |                        |   |
| (leave blank if same as street address)  | (Street number an  | nd name or Post Office | Box information)                          |
|  | (City)   | (State)                | (ZIP/Postal Code)                         |
|  |  |                        | •   |
| e registered agent name and registe<br>ent are                                     | (Province – if applicable) red agent address of the lin          |                        | •   |
| ent are Name   |  |                        | •   |
|  | red agent address of the lin                                     | mited liability con    | •   |
| Name (if an individual)  | LaCroix  (Last)  | mited liability con    | npany's initial registered                |
| Name (if an individual)  OR (if an entity)   | LaCroix  (Last)  | Chris (First)          | npany's initial registered                |
| Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an indiv | LaCroix (Last)  idual and an entity name.)  c/o Garfield & Hecl  | Chris (First)          | npany's initial registered (Middle) (Suff |
| Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an indiv | LaCroix  (Last)  idual and an entity name.)  c/o Garfield & Hecl | Chris (First)          | npany's initial registered (Middle) (Suff |

| Mailing address (leave blank if same as street address)  | (Street number and name or Post Office Box information)                     |  |                           |          |
|--|---|--|---------------------------|----------|
|  | (City)  | CO (State)                                   | (ZIP Code)                |          |
| (The following statement is adopted by marking to The person appointed as registere  | he box.)  | ,  | ed.                       |          |
| 4. The true name and mailing address of  | the person forming the  | limited liability cor                        | mpany are                 |          |
| Name (if an individual)  | LaCroix   | Chris  |                           |          |
| OR   | (Last)  | (First)                                      | (Middle)                  | (Suffix) |
| (if an entity) (Caution: Do not provide both an individual   | dual and an entity name.)   |  |                           |          |
| Mailing address  | c/o Garfield & H  | echt, P.C.                                   |                           |          |
| Ç  | (Street number and name or Post Office Box information) 601 E. Hyman Avenue |  |                           |          |
|  | Aspen   | СО   | 81611                     |          |
|  | (City)  | United S                                     | (ZIP/Postal Cod           | e)       |
|  | (Province – if applica  | able) (Countr                                | ry)                       |          |
| (If the following statement applies, adopt a limited liability company has company and the name and mass.)  5. The management of the limited liability (Mark the applicable box.)  one or more managers.  OR | as one or more additio<br>iling address of each su                          | nal persons forming<br>uch person are stated | g the limited liability   |          |
| the members.   |   |  |                           |          |
| 6. (The following statement is adopted by marking the There is at least one member of the  |   | any.   |                           |          |
| 7. (If the following statement applies, adopt the states  This document contains additional  |   |  |                           |          |
| 8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instruc  |   |  | ved effective date has    |          |
| (If the following statement applies, adopt the state.  The delayed effective date and, if appl   |   | cument is/are                                |                           |          |
|  |   | (mr  | m/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

|   | LaCroix                     | Chris                 |                      |          |
|---|-----------------------------|-----------------------|----------------------|----------|
|   | (Last)                      | (First)               | (Middle)             | (Suffix) |
|   | c/o Garfield & Hecht, P     | '.C.                  |                      |          |
|   | 601 E. Hyman Aver           | and name or Post Offi | ice Box information) |          |
|   | Aspen                       | CO                    | 81611                |          |
|   | (City)                      | (State)<br>United Sta | (ZIP/Postal Co       | ode)     |
|   | (Province – if applicable)  | (Country              | v)                   |          |
| (If the following statement applies, adopt to This document contains the true causing the document to be deli | name and mailing address of |                       |                      | ıls      |

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