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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

## Maine Investments 1997, LLC

1437 N. Denver Ave. #234

(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)                                     |                        |                        |  |
|--|--|------------------------|------------------------|--|
|  | Loveland   | СО                     | 80538                  |  |
|  | (City)   | United St              | (ZIP/Postal Code)      |  |
|  | (Province – if applicable)                                   | (Country               | '')                    |  |
| Mailing address leave blank if same as street address)                             | (Street number and   | name or Post Office B  | or information)        |  |
| reave blank it same as street address)   |  | mame of 1 ost Office D | ox injornation)        |  |
|  | (City)   | (State)                | (ZIP/Postal Code)      |  |
|  |  |                        |                        |  |
|  | (Province – if applicable) red agent address of the lim      | (Country,              |                        |  |
| ent are  | red agent address of the lim                                 |                        | pany's initial registe |  |
| e registered agent name and registe<br>ent are<br>Name<br>(if an individual)<br>OR | red agent address of the lim                                 | ited liability com     |                        |  |
| Name (if an individual)  | Flood (Last)   | ited liability com     | pany's initial registe |  |
| ent are  Name (if an individual)  OR (if an entity)                                | Flood (Last)   | Noreen (First)         | pany's initial registe |  |
| Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an indiv | Flood  (Last)  idual and an entity name.)  2313 Hampstead Di | Noreen (First)         | pany's initial registe |  |
| Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an indiv | Flood  (Last)  idual and an entity name.)  2313 Hampstead Di | Noreen (First)         | pany's initial registe |  |

| 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 the The person appointed as registered  |   | being so appointe        | d.  |  |  |
| 4. The true name and mailing address of t  | he person forming the l                                 | imited liability con     | npany are   |  |  |
| Name (if an individual)  | Flood Noreen  |                          |   |  |  |
| OR   | (Last)  | (First)                  | (Middle) (Suffix                                    |  |  |
| (if an entity) (Caution: Do not provide both an individ  | lual and an entity name.)                               |                          |   |  |  |
| Mailing address  | 2313 Hampstead  | l Dr.                    |   |  |  |
|  | (Street num   | ber and name or Post Off | fice Box information)                               |  |  |
|  | Loveland  | СО                       | 80538   |  |  |
|  | (City)  | United S                 | (ZIP/Postal Code)                                   |  |  |
|  | (Province – if applical                                 |                          |   |  |  |
| <ul> <li>(If the following statement applies, adopt to The limited liability company has company and the name and mains.)</li> <li>5. The management of the limited liability (Mark the applicable box.)</li> <li>✓ one or more managers.</li> <li>OR</li> <li>□ the members.</li> </ul> | as one or more addition<br>ling address of each such    | al persons forming       | the limited liability                               |  |  |
| 6. (The following statement is adopted by marking the  There is at least one member of the   |   | uny.                     |   |  |  |
| 7. (If the following statement applies, adopt the staten  This document contains additional  |   |                          |   |  |  |
| 8. (Caution: <u>Leave blank</u> if the document does a significant legal consequences. Read instruc  |   |                          | red effective date has                              |  |  |
| (If the following statement applies, adopt the stater<br>The delayed effective date and, if appli  |   | ament is/are             | e required format.)<br>n/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

| Flood  | Noreen                |                     |          |
|--|-----------------------|---------------------|----------|
| 2313 Hampstead Dr.   | (First)               | (Middle)            | (Suffix) |
| (Street number   | and name or Post Offi | ce Box information) |          |
| Loveland   | СО                    | 80538               |          |
| (City)   | (State)<br>United Sta | (ZIP/Postal C       | Code)    |
| (Province – if applicable)   | (Country              | ·)                  |          |
| lopt the statement by marking the box an crue name and mailing address delivered for filing. |                       |                     | als      |

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