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Colorado Secretary of State

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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

Sweet Zion Paperie 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

Street address	10181 Park Meadows Drive (Street number and name) #109			
		(City)	United S	(ZIP/Postal Code)
	(Province – if applicable)	(Count	ry)	
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) red agent address of the lin	(Countr		ered
e registered agent name and registe ent are Name	red agent address of the lin	nited liability con		ered
ent are				
ent are Name	red agent address of the lin	nited liability con	mpany's initial regist	
ent are Name (if an individual)	Ulibarri (Last)	nited liability con	mpany's initial regist	
ent are Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Ulibarri (Last)	Sophie (First)	mpany's initial regist	
ent are Name (if an individual) OR (if an entity)	Ulibarri (Last) idual and an entity name.) 10181 Park Meado	Sophie (First)	mpany's initial regist	(Suff
ent are Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Ulibarri (Last) idual and an entity name.) 10181 Park Meado	Sophie (First) ws Drive	mpany's initial regist	

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 registered)		being so appointe	d.		
4. The true name and mailing address of	the person forming the li	mited liability con	npany are		
Name (if an individual)	Ulibarri	Sophie			
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indivi	dual and an entity name.)				
Mailing address	10181 Park Mead	dows Drive			
	#109 (Street number and name or Post Office Box information)				
	Lone Tree	CO	80124		
	(City)	United S	(ZIP/Postal Code)	
	(Province – if applicab	le) (Countr	y)		
☐ The limited liability company h company and the name and ma 5. The management of the limited liabilit (Mark the applicable box.) ☐ one or more managers. OR	iling address of each suc		=		
the members.(The following statement is adopted by marking the					
There is at least one member of the	e limited liability compa	ny.			
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			ed effective date has		
(If the following statement applies, adopt the state The delayed effective date and, if appl		ment is/are	e required format.) m/dd/yyyy hour:minute am/p		
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	Ulibarri	Sophie		
	(Last)	(First)	(Middle)	(Suffix
	10181 Park Meadows [Orive		
	#109	and name or Post Offic	e Box information)	
	Lone Tree	CO	80124	
	(City)	(State) United Sta	(ZIP/Postal C	'ode)
	$(Province-if\ applicable)$	(Country)		
	ies, adopt the statement by marking the box and the true name and mailing address o			als
ausing the document to	he delivered for filing			

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