

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 www.sos.state.co.us and
select Business Center.

Colorado Secretary of State

Date and Time: 06/06/2012 09:13 AM

ID Number: 20121311971

\$50.00 Document number: 20121311971

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

Ralston Ridge Homes, 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	7901 E. Belleview Ave., Suite 250				
<u></u>	(Street number and name)				
	Englewood	CO	80111		
	(City)	United Sta	(ZIP/Postal C	ode)	
	(Province – if applicable)	(Country))		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State) (ZIP/Posta		al Code)	
	(Province – if applicable)	(Country)	•		
. The registered agent name and registe agent are Name (if an individual)	•	ted liability comp	oany's initial reg	gistered	
,				Jr.	
OR	(Last)	(First)	(Middle)		
OR (if an entity) (Caution: Do not provide both an indiv		(First)	(Middle)		
(if an entity)					
(if an entity) (Caution: Do not provide both an indiv	vidual and an entity name.) 7901 E. Belleview A				
(if an entity) (Caution: Do not provide both an indiv	vidual and an entity name.) 7901 E. Belleview A	ve., Suite 250		(Suffix	

Mailing address (leave blank if same as street address)	(Street numbe	(Street number and name or Post Office Box information)			
	(City)	CO (State)	(ZIP Code)		
(The following statement is adopted by marking) The person appointed as registe	g the box.)		, ,		
4. The true name and mailing address o	of the person forming the	limited liability cor	npany are		
Name (if an individual)	Lyons	William		Jr.	
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity)					
(Caution: Do not provide both an indi	•				
Mailing address		7901 E. Belleview Ave., Suite 250			
	(Street num	nber and name or Post Of	fice Box information)		
	Englewood	CO	80111		
	(City)	United S	·	de)	
	(Province – if applica	able) (Countr	ry)		
 (If the following statement applies, adopting the limited liability company company and the name and must be stated to the limited liability (Mark the applicable box.) ✓ one or more managers. OR the members. 	has one or more additionailing address of each st	nal persons forming uch person are stated	the limited liabilit	y	
6. (The following statement is adopted by marking There is at least one member of t		oany.			
7. (If the following statement applies, adopt the sta This document contains addition					
8. (Caution: <u>Leave blank</u> if the document document in significant legal consequences. Read instr			ved effective date has		
(If the following statement applies, adopt the sta The delayed effective date and, if ap		cument is/are 06/06	6/2012		
		(mn	n/dd/yyyy hour:minute ar	n/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

	Lyons	William		Jr.
	7901 E. Belleview Ave.	, Suite 250	(Middle)	(Suffix
	(Street number o	and name or Post Offic	e Box information)	
	Englewood	CO	CO 80111	
	(City)	(State) United Stat	(ZIP/Postal Co	ode)
	(Province - if applicable)	(Country)	(Country)	
(If the following statement applies, adopt This document contains the true causing the document to be del	e name and mailing address of			als

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).