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Colorado Secretary of State

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80209

(ZIP Code)

CO

(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 limite	ed liability company is			
	180 cook cc st, llc			
	(The name of a limited liabi. "limited liability company", liability co.", "limited", "l.1	"ltd. liability company	y", "limited liability co.",	on "ltd.
(Caution: The use of certain terms or abbre				
2. The principal office address of the lim	ited liability company's i	nitial principal off	fice is	
Street address	50 S Steele #950			
<u></u>	(Street number and name)			
	Denver	CO	80209	
	(City)	United S	(ZIP/Postal Cod	e)
	(Province – if applicable	e) (Count	try)	
Mailing address				
(leave blank if same as street address)	(Street number a	Box information)		
	(City)	(State)	(ZIP/Postal Cod	'e)
	(Province – if applicable	e) (Countr	ry)	
3. The registered agent name and registe agent are	red agent address of the li	imited liability cor	mpany's initial regis	stered
Name (if an individual)	hicks	joseph		_
OR	(Last)	(First)	(Middle)	(Suffix
(if an entity) (Caution: Do not provide both an indiv	idual and an entity name.)			
Street address	50 S Steele #950			
<u></u>		Street number and name	.)	

(City)

denver

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)					
	(City)	<u>CO</u>				
(The following statement is adopted by marking The person appointed as registers	the box.)	(State) to being so appointe	(ZIP Code)			
4. The true name and mailing address of	the person forming the	limited liability cor	mpany are			
Name (if an individual)	Hicks	Joseph				
OR	(Last)	(First)	(Middle) (Suffix,			
(if an entity) (Caution: Do not provide both an indiv	idual and an entity name.)					
Mailing address	50 s steele #950)				
	(Street num	(Street number and name or Post Office Box information)				
	denver	CO	80209			
	(City)	United S	(ZIP/Postal Code)			
	(Province – if applica	able) (Countr				
The limited liability company company and the name and materials. 5. The management of the limited liability (Mark the applicable box.) ✓ one or more managers. OR ☐ the members.	has one or more additio ailing address of each su	nal persons forming uch person are stated	the limited liability			
6. (The following statement is adopted by marking to There is at least one member of the	ne limited liability comp	•				
7. (If the following statement applies, adopt the state This document contains additional						
8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instru			ved effective date has			
(If the following statement applies, adopt the stat The delayed effective date and, if app		cument is/are	ne required format.)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

	hicks	joseph		
	(<i>Last</i>) 50 s steele #950	(First)	(Middle)	(Suffix
	(Street numbe	r and name or Post Offi	ce Box information)	
	denver	CO 80209		
	(City)	(State) United Sta	(ZIP/Postal C	ode)
	(Province – if applicable	(Country	(Country)	
(If the following statement applies, adopt	the statement by marking the box as	nd include an attachmer	ıt.)	
This document contains the true causing the document to be del	•	of one or more ad	lditional individu	als

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