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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

## Stacy Michelle Consulting, LLC

515 Clarkson Street #1106

(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.)

(Street number and name)

CO

80218

(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

Apt 1106

Denver

	(City)	United St	(ZIP/Postal Code) tates			
	(Province – if applicable)	(Country	y)			
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)	(Country	·)			
3. The registered agent name and register agent are	red agent address of the lin	mited liability com	npany's initial registered			
Name (if an individual)	Slawitsky	Stacy	Michelle			
or	(Last)	(First)	(Middle) (Suffix)			
(if an entity) (Caution: Do not provide both an individual)	dual and an entity name.)					
Street address	515 Clarkson Street #1106					
	Apt 1106 (Street number and name)					
	Denver	CO_	80218			
	(City)	(State)	(ZIP Code)			
Mailing address						
(leave blank if same as street address)	(Street number and name or Post Office Box information)					

		CO				
	(City)	(State)	(ZIP Code)			
(The following statement is adopted by macro)  The person appointed as reg	arking the box.) istered agent has consented to be	ing so appointe	d.			
4. The true name and mailing addre	ss of the person forming the limit	ted liability con	npany are			
Name (if an individual)	(Last)	(First)	(Middle)	(Suffix)		
or	(,	( ,	(,	(55)		
(if an entity) (Caution: Do not provide both an	Nolo					
(Caution: Do not provide both an	•					
Mailing address	950 Parker St	and manua on Boot Off	Cian Paninformation)			
	(Street number u	(Street number and name or Post Office Box information)				
	Berkeley	<u>CA</u>	94710			
	(City)	United S	(ZIP/Postal Co	ode)		
	(Province – if applicable)	(Country				
☐ The limited liability comp	adopt the statement by marking the box and pany has one or more additional pand mailing address of each such pand the company is vested in	ersons forming	the limited liabilit	•		
the members.						
5. ( <i>The following statement is adopted by mar</i> There is at least one member	king the box.) of the limited liability company.					
7. (If the following statement applies, adopt the This document contains additional contains additional contains additional contains additional contains additional contains additional contains and contains additional contains additional contains and contains additional contains and contains additional contains additional contains and contains additional contains and contains additional contains addition	te statement by marking the box and include tional information as provided by					
3. (Caution: Leave blank if the document significant legal consequences. Read		e. Stating a delaye	ed effective date has			
(If the following statement applies, adopt the The delayed effective date and, i			e required format.)			
		(mn	n/dd/yyyy hour:minute a	m/pm)		

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

	Slawitsky	Stacy	Michelle	
	(Last)	(First)	(Middle)	(Suffix
	515 Clarkson Street #1		D : ( .: )	
	Apt 1106 (Street number	and name or Post Offi	ce Box information)	
	Denver	CO	CO 80218	
	(City)	(State) United Sta	(ZIP/Postal Co	ode)
	$(Province-if\ applicable)$	(Country	(Country)	
(If the following statement applies, adopt the This document contains the true n causing the document to be delive	ame and mailing address			ıls

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