

Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us.

Street address

Colorado Secretary of State

Date and Time: 11/04/2014 12:05 PM

ID Number: 20141678755

Document number: 20141678755

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

ROCKY MOUNTAIN SIGN GUY

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "Itd. liability company", "limited liability co.", "Itd. liability co.", "Itd. See §7-90-601, C.R.S.)

(Street number and name)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

6013 S Tempe Way

2. The principal office address of the limited liability company's initial principal office is

	Centenniai	CO	80015		
	(City)	United S	(ZIP/Postal Code)		
	(Province – if applicable)	(Countr	y)		
Mailing address	6013 S Tempe Wa	у			
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	Centennial	СО	80015		
	(City)	United S	(ZIP/Postal Code)		
	(Province – if applicable)	(Country	y)		
agent are Name (if an individual)	Green	Brandon			
(II an individual)	(Last)	(First)	(Middle) (Suffix)		
or	(Eust)	(1 1751)	(Made) (Suffer)		
(if an entity)					
(Caution: Do not provide both an indivi	dual and an entity name.)				
Street address	6013 S Tempe Wa	у			
2	(Street number and name)				
	Centennial	СО	80015		
	(City)	(State)	(ZIP Code)		
Mailing address	6013 S Tempe Wa	У			
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
ARTORG_LLC	Page 1 of 3		Rev. 12/01/2012		

	Centennial	CO	80015		
	(City)	(State)	(ZIP Code)		
(The following statement is adopted by marking The person appointed as registe		peing so appointed	i.		
4. The true name and mailing address of	of the person forming the lin	nited liability com	pany are		
Name (if an individual)	Green	Brandon			
or	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indi	vidual and an entity name.)				
Mailing address	6013 S Tempe Way				
Maning address	(Street number and name or Post Office Box information)				
	Centennial	СО	80015		
	(City)	United S	(ZIP/Postal Cod tates	de)	
	(Province – if applicable				
 (If the following statement applies, adoption of the limited liability company company and the name and not state the applicable box.) □ one or more managers. or ✓ the members. 	has one or more additional nailing address of each such	persons forming	the limited liability	7	
6. (The following statement is adopted by marking There is at least one member of t		y.			
7. (If the following statement applies, adopt the sta This document contains addition					
8. (Caution: Leave blank if the document doe significant legal consequences. Read instr		ate. Stating a delaye	d effective date has		
(If the following statement applies, adopt the sta The delayed effective date and, if ap		ent is/are	required format.) //dd/yyyy hour:minute an		

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

	Green	Brandon		
	6013 S Tempe Way	(First)	(Middle)	(Suffix
	(Street number	and name or Post Office	Box information)	
	Centennial	CO 8	30015	
	(City)	(State) United State	(ZIP/Postal Co	ode)
	(Province – if applicable)	(Country)		
(If the following statement applies, add	opt the statement by marking the box and	d include an attachment.))	
This document contains the treatment to be causing the document to be contains.	rue name and mailing address delivered for filing.	of one or more add	itional individua	ıls

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).