

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. Colorado Secretary of State Date and Time: 01/15/2016 12:46 PM ID Number: 20161033353

Document number: 20161033353 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

Secure Solutions

(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

7803 E. Harvard Avenue

	(Street r	number and name)	
	Denver	CO 80231	
	(City)	(State) (ZIP/Postal Code) United States	
	(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/Postal Code)	
	(Province – if applicable)	(Country)	

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name (if an individual)	Reid		Bret	_	
or		(Last)	(First)	(Middle)	(Suffix)
(if an entity) (Caution: Do not provide both an individ	lual and an e	ntity name.)			
Street address	7803 E. Harvard Avenue (Street number and name)				
	Denver	(City)	<u>CO</u> (State)	80231 (ZIP Code)	
Mailing address (leave blank if same as street address)		(Street number and	d name or Post Office i	Box information)	

	CO		
(City)	(State)	(ZIP Code)	

(The following statement is adopted by marking the box.)

 \checkmark The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name (if an individual)	Reid	Bret				
	(Last)	(First)	(Middle)	(Suffix)		
or						
(if an entity) (Caution: Do not provide both an inc	dividual and an entity name.)					
Mailing address		7803 E. Harvard Avenue (Street number and name or Post Office Box information)				
	(Sireer numb)					
	Denver	<u></u> <u>CO</u>	80231			
	(City)	(State) United S	(ZIP/Postal Co States	ode)		
	(Province – if applicabl	(Count	ry)			
 5. The management of the limited liab (Mark the applicable box.) one or more managers. or the members. 	oility company is vested in					
6. (<i>The following statement is adopted by markin</i> I There is at least one member of		1у.				
7. (If the following statement applies, adopt the s This document contains addition						
8. (Caution: Leave blank if the document d significant legal consequences. Read ins			ved effective date has			
(If the following statement applies adopt the	statement by entering a date and if a	pplicable_time_using_t	he required format)			

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.) The delayed effective date and, if applicable, time of this document is/are

(*mm/dd/yyyy hour:minute am/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

Neumayer	Patricia		
(Last) 3247 big spruce way	(First)	(Middle)	(Suffix)
(Street number o	and name or Post Of	ffice Box information)	
park city	UT	84098	
(City)	United State)	(ZIP/Postal C States .	ode)
(Province – if applicable)	(Count	ry)	

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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).