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Street address

Colorado Secretary of State

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Articles of Organization

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

LELANDS PAINTING LLC

901 SOUTH LANSING STREET

(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

80012

(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

AURORA

	(City)	(State) United S	(ZIP/Postal Co States	ode)	
	(Province – if applicable)	(Countr	y)		
Mailing address	8200 SOUTH QUEB	BEC STREET			
(leave blank if same as street address)	(Street number and name or Post Office Box information) SUITE A3771				
	CENTENNIAL	CO	80012		
	(City)	United S	(ZIP/Postal Co	ode)	
	$(Province-if\ applicable)$	(Country	y)		
agent are Name	AVEDO	DONALD	\A\\A\\A\\		
(if an individual)	AYERS	DONALD	WAYNE	/G /C)	
or	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indiv	idual and an entity name.)				
Street address	901 SOUTH LANSING STREET				
	(Street number and name)				
	AURORA		80012		
	(City)	(State)	(ZIP Code)		
Mailing address (leave blank if same as street address)	8200 SOUTH QUEBEC STREET				
	(Street number and name or Post Office Box information) SUITE A3771				

	(City)	(State)	(ZIP Code)			
(The following statement is adopted The person appointed a	by marking the box.) s registered agent has consented	to being so appointe	ed.			
4. The true name and mailing a	address of the person forming the	e limited liability con	mpany are			
Name (if an individual)	AYERS	DONALD	WAYNE			
or	(Last)	(First)	(Middle)	(Suffix		
(if an entity) (Caution: Do not provide bo	th an individual and an entity name.)					
Mailing address	8200 SOUTH QL	8200 SOUTH QUEBEC STREET				
	SUITE A3771	umber and name or Post O	ffice Box information)			
	AURORA	<u>CO</u>	80012			
	(City)	(State) United S	(ZIP/Postal C States	Code)		
	(Province – if applie					
company and the nan	company has one or more additione and mailing address of each sted liability company is vested in	such person are state				
6. (The following statement is adopted by There is at least one mer	oy marking the box.) The limited liability comp	pany.				
_	dopt the statement by marking the box and additional information as provid					
	ument does not have a delayed effecti Read instructions before entering a da		ved effective date has			
	dopt the statement by entering a date and, and, if applicable, time of this do	cument is/are	he required format.) m/dd/yyyy hour:minute	am/nm)		
		(m	пи аш уууу нош .тише (unapin)		

CENTENNIAL

80112

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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.

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

	DONALD	AYERS	WAYNE		
	8200 SOUTH QUEB	EC STREET	(Middle)	(Suffix	
	SUITE A3771	and name or Post Off	ice Box information)		
	AURORA	CO 80012			
	(City)	(State) United S	(ZIP/Postal Co	ode)	
	(Province – if applicable)	(Countr	(Country)		
(If the following statement applies, adopt	the statement by marking the box and	l include an attachme	nt.)		
This document contains the true causing the document to be del	9	of one or more a	dditional individua	ıls	

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