

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: 10/01/2019 09:44 AM

ID Number: 20191793942

Document number: 20191793942

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

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

Moakaka Investments LLC

(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)

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

1624 Market St

#22636349

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

	Denver	CO	CO 80202		
	(City)	United St	(ZIP/Postal Code)		
	(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)		
	(Cuy)	(Sittle)	(ZII / I Ostat Coac)		
	(Province – if applicable) (Count)		
3. The registered agent name and register agent are	red agent address of the lin	nited liability com	pany's initial registered		
Name					
(if an individual)	Evans	Nicholas	_ <u>J</u>		
or	(Last)	(First)	(Middle) (Suffix)		
(if an entity)					
(Caution: Do not provide both an indivi-	dual and an entity name.)				
Street address	1624 Market St				
	(Street number and name) #22636349				
	Denver	CO	80202		
	(City)	(State)	(ZIP Code)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				

4. The true name and mailing add	ress of the person forming the lir	mited liability cor	npany are				
Name	Forms	NU ala ala a	ı				
(if an individual)	Evans (Last)	Nicholas (First)	J (Middle)	(Suffi			
or	((- 1121)	((~5),-			
(if an entity) (Caution: Do not provide both a	n individual and an entity name.)						
Mailing address	1624 Market St						
Maning address	(Street numbe #22636349	(Street number and name or Post Office Box information)					
	Denver	CO	80202				
			~~~				
	(City)	United S	(ZIP/Postal C	ode)			
The limited liability comcompany and the name a	(Province – if applicable es, adopt the statement by marking the box apany has one or more additional and mailing address of each such	(Country and include an attach.)  I persons forming	States .  yy)  ment.)  the limited liabili	ty			
The limited liability comcompany and the name a	(Province – if applicable es, adopt the statement by marking the box apany has one or more additional and mailing address of each such	(Country and include an attach.)  I persons forming	States .  yy)  ment.)  the limited liabili	ty			
The limited liability company and the name as the company and the limited (Mark the applicable box.)  The management of the limited (Mark the applicable box.)  or  the members.  Company and the name as the company and the company	(Province – if applicable es, adopt the statement by marking the box apany has one or more additional and mailing address of each such liability company is vested in	United S (Country)  and include an attach. I persons forming n person are stated	States .  yy)  ment.)  the limited liabili	ty			
The limited liability company and the name as 5. The management of the limited (Mark the applicable box.)  To one or more managers.  or  the members.  6. (The following statement is adopted by more is at least one members)  7. (If the following statement applies, adopted)	(Province – if applicable es, adopt the statement by marking the box apany has one or more additional and mailing address of each such liability company is vested in	United S (Countries)  The and include an attach I persons forming In person are stated  The analysis of the state of the s	States .  yy)  ment.)  the limited liabili	ty			
The limited liability common company and the name as 5. The management of the limited (Mark the applicable box.)  To one or more managers.  or  the members.  6. (The following statement is adopted by maximum There is at least one members)  7. (If the following statement applies, adopted to the following statement applies, adopted to the following statement applies ad	(Province – if applicable ess, adopt the statement by marking the box appany has one or more additional and mailing address of each such liability company is vested in earking the box.)  Ear of the limited liability company the statement by marking the box and includitional information as provided	United S (Country)  The and include an attach I persons forming In person are stated  The analysis of the state of the sta	States .  Ty)  ment.)  The limited liabili  The din an attachment	ty			

(City)

(ZIP Code)

(State)

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

	Evans	Nicholas	J	
	1624 Market St	(First)	(Middle)	(Suffix)
		and name or Post Of	ffice Box information)	
	Denver	CO	80202	
	(City)	United S	(ZIP/Postal C	Code)
	(Province – if applicable) (Country)		ry)	
(If the following statement applies, adopt the This document contains the true in causing the document to be delived.)	ame and mailing address			als

## 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).