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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

Slovenski Chalet 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.)*

*(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

22605 Martin St.

*(Street number and name)*

Salida

*(City)*

CO

*(State)*

81201

*(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)

Sustarsic Harvey

*(Last)*

March

*(First)*

Jean

*(Middle)*

*(Suffix)*

or

(if an entity)

*(Caution: Do not provide both an individual and an entity name.)*

Street address

1283 Ethereal Circle

*(Street number and name)*

Colorado Springs

*(City)*

CO

*(State)*

80904

*(ZIP Code)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

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

☒ 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) Sustarsic Harvey March Jean \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

or

(if an entity) \_\_\_\_\_  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 1283 Ethereal Circle  
(Street number and name or Post Office Box information)  
\_\_\_\_\_  
Colorado Springs CO 80904  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
United States  
(Province – if applicable) (Country)

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

☐ The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

☐ one or more managers.

or

☒ the members.

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

☒ There is at least one member of the limited liability company.

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

☐ This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(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:

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

|  |                          |                                  |                         |
|--|--------------------------|----------------------------------|-------------------------|
| <u>Sustarsic Harvey</u>  | <u>March</u>             | <u>Jean</u>                      |                         |
| <small>(Last)</small>  | <small>(First)</small>   | <small>(Middle)</small>          | <small>(Suffix)</small> |
| <u>1283 Ethereall Circle</u>   |                          |                                  |                         |
| <small>(Street number and name or Post Office Box information)</small> |                          |                                  |                         |
| <hr/>  |                          |                                  |                         |
| <u>Colorado Springs</u>  | <u>CO</u>                | <u>80904</u>                     |                         |
| <small>(City)</small>  | <small>(State)</small>   | <small>(ZIP/Postal Code)</small> |                         |
| <u></u>  | <u>United States</u>     |                                  |                         |
| <small>(Province – if applicable)</small>                              | <small>(Country)</small> |                                  |                         |

*(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.

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