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Street address

Colorado Secretary of State

Date and Time: 04/16/2020 04:01 PM

ID Number: 20201339514

Document number: 20201339514

Amount Paid: \$50.00

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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

## Lanco 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.)

3203 Uvalda Street

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

	Aurora	СО	D 80011		
	(City)	United S	ate) (ZIP/Postal Code)		
	(Province – if applicable)	(Country	y)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(City) (State)		ode)	
	(Province – if applicable)	(Country	·)		
3. The registered agent name and regis agent are	stered agent address of the fin	nica nacini, con	.p.m.y s minum 198		
agent are	stered agent address of the fin	nica nacinity con	.p) 2		
	Trollinger (Last)	_ Jamie	R (Middle)		
agent are  Name	Trollinger	Jamie	R		
agent are  Name (if an individual)	Trollinger (Last)	Jamie	R	(Suffix)	
agent are  Name (if an individual)  or (if an entity)	Trollinger (Last) lividual and an entity name.) 3203 Uvalda Street	Jamie (First)	R (Middle)		
agent are  Name (if an individual)  or  (if an entity) (Caution: Do not provide both an individual)	Trollinger (Last) lividual and an entity name.) 3203 Uvalda Street	Jamie	R (Middle)		
agent are  Name (if an individual)  or  (if an entity) (Caution: Do not provide both an individual)	Trollinger (Last) lividual and an entity name.) 3203 Uvalda Street	Jamie (First)	R (Middle)		
agent are  Name (if an individual)  or  (if an entity) (Caution: Do not provide both an individual)	Trollinger (Last)  dividual and an entity name.)  3203 Uvalda Street (Str	Jamie (First)	R (Middle)	(Suffix,	

4. The true name and mailing ad	ldress of the person forming the lin	nited liability co	ompany are	
Name	Trollinger	Jamie	R	
(if an individual)	(Last)	(First)	(Middle)	(Suffix)
or				
(if an entity) (Caution: Do not provide bot	h an individual and an entity name.)			
Mailing address	3203 Uvalda Street			
	(Street numbe	r and name or Post (	Office Box information)	
	Aurora	CO	80011	
				Toda)
	(City)	(State) United	(ZIP/Postal C	oue)
The limited liability co	(City)  (Province – if applicable plies, adopt the statement by marking the box company has one or more additional are and mailing address of each such	(Counted)  and include an attact persons forming	States .  httry)  hment.)  g the limited liabili	ty
The limited liability company and the name	(Province – if applicable plies, adopt the statement by marking the box ompany has one or more additional	(Counted)  and include an attact persons forming	States .  httry)  hment.)  g the limited liabili	ty
The limited liability company and the name of the limite (Mark the applicable box.)  one or more managers.  or  the members.	(Province – if applicable plies, adopt the statement by marking the box ompany has one or more additional are and mailing address of each such ed liability company is vested in	(Counted)  and include an attact persons forming	States .  httry)  hment.)  g the limited liabili	ty
The limited liability of company and the name of the limite (Mark the applicable box.) one or more managers. or the members.  6. (The following statement is adopted by	(Province – if applicable plies, adopt the statement by marking the box ompany has one or more additional are and mailing address of each such ed liability company is vested in	United (Counter) (Counter)	States .  httry)  hment.)  g the limited liabili	ty
The limited liability company and the name company and the name series.  5. The management of the limite (Mark the applicable box.)  one or more managers.  or  the members.  6. (The following statement is adopted by There is at least one mem series.)  7. (If the following statement applies, additional company is a statement applies.	(Province – if applicable plies, adopt the statement by marking the box ompany has one or more additional se and mailing address of each such ed liability company is vested in	United (Counter)  and include an attact persons forming person are state  Ty.  ude an attachment.)	States .  httry)  hment.)  g the limited liabili	ty
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(City)

(ZIP Code)

(State)

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

	Trollinger	Jamie	R		
	3203 Uvalda Street	(First)	(Middle)	(Suffix)	
	(Street number and name or Post Office Box information)				
	Aurora	СО	80011		
	(City)	United S	(ZIP/Postal C	ode)	
	(Province – if applicable)	ry)			
(If the following statement applies, adop	t the statement by marking the box an	d include an attachm	ent.)		
☐ This document contains the tru	S	of one or more a	additional individua	als	
causing the document to be de	livered for filing.				

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