

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: 09/14/2020 06:04 PM ID Number: 20201792035

Document number: 20201792035 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

Modern Legacy

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "Itd. 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	2800 Kalmia Ave				
	A121	treet number and name)			
	Boulder	CO	80301		
	Colorado (City)	United S			
	(Province – if applicable) (Countr	y)		
Mailing address	2800 Kalmia Ave				
(leave blank if same as street address)	(Street number a	(Street number and name or Post Office Box information) A121			
	Boulder	CO	80301		
	Colorado (City)	United S	(ZIP/Postal Code) tates		
	(Province – if applicable) (Country))		
 The registered agent name and register agent are Name 	red agent address of the li	mited liability com	npany's initial registered		
(if an individual)	Apel	Benjamin			
or	(Last)	(First)	(Middle) (Suffix)		
(if an entity) (Caution: Do not provide both an indivi	dual and an entity name.)				
Street address	2800 Kalmia Ave				
	A121	treet number and name)			
	Boulder	СО	80301		
	(City)	(State)	(ZIP Code)		

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

	CO		
(City)	(State)	(ZIP Code)	

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

X 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)	Apel	Benjamin			
``````````````````````````````````````	(Last)	(First)	(Middle)	(Suffix)	
or					
(if an entity)					
(Caution: Do not provide both a	n individual and an entity name.)				
Mailing address	2800 Kalmia Ave				
	(Street numbe	(Street number and name or Post Office Box information) A121			
	Boulder	CO	80301		
	(City)	United St	(ZIP/Postal C ates	ode)	
	(Province – if applicable	e) (Country)	1		

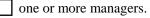
(Province - if applicable)

(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.)



or

 $\mathbf{X}$  the members.

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

**X** 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:

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

Apel	Benjamin		
(Last) 2800 Kalmia Ave	(First)	(Middle)	(Suffix)
(Street number of A121	and name or Post Offi	ce Box information)	
Boulder	СО	80301	
(City)	United St	(ZIP/Postal Co tates .	ode)
(Province – if applicable)	(Country	)	

(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).