

Document must be filed electronically. Paper documents will not be accepted.
Document processing fee
Fees & forms/cover sheets
are subject to change.
To access other information or print
copies of filed documents,
visit <a href="https://www.sos.state.co.us">www.sos.state.co.us</a> and
select Business Center.

Colorado Secretary of State

Date and Time: 07/20/2010 01:58 PM

ID Number: 20101404570

\$50.00 Document number: 20101404570

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

## **Articles of Organization**

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the lim	Avesa, LLC				
	"limited liability company"	lity company must contain t , "ltd. liability company", ' l.c.", "llc", or "ltd.". See §	ʻlimited liability co.		
(Caution: The use of certain terms or abb	reviations are restricted by law	. Read instructions for m	ore information.)	)	
2. The principal office address of the li	imited liability company's i	initial principal office	is		
Street address	641 W Lionshead Circle				
	(Street number and name)				
	Vail, CO 8		81657		
	(City)	United Sta	tes (ZIP/Postal Co	ode)	
	(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 Co	ode)	
	(Province – if applicable	e) (Country)	·		
3. The registered agent name and regis agent are	stered agent address of the l	imited liability compa	any's initial reg	istered	
Name	Corcuera	Viviana			
(if an individual)	(Last)	(First)	(Middle)	(Suffix	
OR					
(if an entity) (Caution: Do not provide both an ind	lividual and an entity name.)				
Street address	641 W Lionshead Circle				
<u>Street</u> address	(,	(Street number and name)			
	Vail	3 00	31657		

(City)

(State)

(ZIP Code)

(The following statement is adopted by marking  The person appointed as registered.  The true name and mailing address of	ed agent has consented to				
The person appointed as register.  4. The true name and mailing address of	ed agent has consented to the person forming the li				
-	-	mited liability com	pany are		
	Corcuera				
Name (if an individual)		Viviana	06111	(5, 60)	
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indiv	idual and an entity name.)				
Mailing address	641 Lionshead Ci	rcle			
	(Street number and name or Post Office Box information)				
	Vail	CO	81657		
	(City)	United S	tates (ZIP/Postal C	ode)	
	(Province – if applicabl	e) (Country	·)		
(If the following statement applies, adoption of the limited liability company company and the name and matter of the limited liability (Mark the applicable box.)  ✓ one or more managers.  OR	has one or more additiona ailing address of each suc	l persons forming	the limited liabili		
the members.					
6. ( <i>The following statement is adopted by marking the least one member of the</i>		ny.			
7. (If the following statement applies, adopt the state  This document contains additional					
8. (Caution: <u>Leave blank</u> if the document doe. significant legal consequences. Read instru			ed effective date has		
(If the following statement applies, adopt the state.) The delayed effective date and, if approximately approximat		ment is/are 04/30		 um/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

	Corcuera	Viviana		
	641 W Lionshead C	ircle (First)	(Middle)	(Suffix)
	(Street number	and name or Post Offic	ce Box information)	
	Vail	CO	81657	
	(City)	United St	ates (ZIP/Postal Cod	đe)
	(Province – if applicable)	(Province – if applicable) (Country)		
(If the following statement applies, adopt the  This document contains the true n causing the document to be deliver	ame and mailing address of		*	ls

## **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).