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**Articles of Incorporation**

filed pursuant to §7-90-301, et seq. and §7-102-102 of the Colorado Revised Statutes (C.R.S)

1. Entity name:

303 Gore Creek Dr., Inc.

*(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "ltd"; If the corporation is a professional corporation, it must contain the term or abbreviation "professional corporation", "p.c.", or "pc" §7- 90-601, C.R.S.)*

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- "bank" or "trust" or any derivative thereof
- "credit union"       "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

960 E. Chambers Avenue

*(Street name and number)*

Suite A-201

Eagle

*(City)*

CO

*(State)*

81631

*(Postal/Zip Code)*

United States

*(Province – if applicable)*

*(Country – if not US)*

4. Principal office mailing address:  
 (if different from above):

P.O. Box 1050

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

Eagle

*(City)*

CO

*(State)*

81631

*(Postal/Zip Code)*

United States

*(Province – if applicable)*

*(Country – if not US)*

5. Registered agent: (if an individual):

Kleinschmidt

*(Last)*

Mara

*(First)*

M.

*(Middle)*

Ms.

*(Suffix)*

**OR** (if a business organization):

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

960 E. Chambers Avenue

*(Street name and number)*

Suite A-201

Eagle CO 81631  
(City) (State) (Postal/Zip Code)

8. Registered agent mailing address:  
(LEAVE BLANK if same as above)

P.O. Box 1050  
(Street name and number or Post Office Box information)

Eagle CO 81631  
(City) (State) (Postal/Zip Code)  
United States  
(Province – if applicable) (Country – if not US)

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

\_\_\_\_\_  
(mm/dd/yyyy)

10. (OPTIONAL) Delayed effective date:

\_\_\_\_\_  
(mm/dd/yyyy)

11. Name(s) and address(es) of incorporator(s): (if an individual):

Kleinschmidt Mara M. Ms.  
(Last) (First) (Middle) (Suffix)

OR (if a business organization):

960 E. Chambers Ave, Suite A-201  
(Street name and number or Post Office Box information)

P.O. Box 1050  
Eagle CO 81631  
(City) (State) (Postal/Zip Code)  
United States  
(Province – if applicable) (Country – if not US)

(if an individual)

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
United States  
(Province – if applicable) (Country – if not US)

(if an individual)

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
**United States**  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

(If there are more than three incorporators, mark this box  and include an attachment stating the true names and mailing addresses of all additional incorporators.)

12. The corporation is authorized to issue 1,000 shares of common stock.  
(number)

(Additional classes of capital stock may be authorized and additional information regarding the corporation's stock may be stated, mark this box  and include an attachment stating pertinent information.)

13. Additional information may be included pursuant to §7-102-102, C.R.S. and other organic statutes such as title 12, C.R.S. If applicable, mark this box  and include an attachment stating the additional information.

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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.

14. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Kleinschmidt      Mara      M.      Ms.  
(Last)      (First)      (Middle)      (Suffix)  
960 E. Chambers Avenue, Suite A-201  
(Street name and number or Post Office Box information)  
P.O. Box 1050  
Eagle      CO      81631  
(City)      (State)      (Postal/Zip Code)  
**United States**  
(Province – if applicable)      (Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)

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