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Articles of Incorporation

filed pursuant to §7-90-301, et se	eq. and §7-102-102 of the	e Colorado Revise	ed Statutes (C.R.S)		
1. Entity name:	3 GCP, Inc.				
1. Entity name.	(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 Chambers Avenue, Suite A-201				
3. Timelpar office succe address.	(Street name and number)				
	Eagle	СО	81631		
	(City)	United S	States (Postal/Zip Code)		
	(Province – if applicable				
4. Principal office mailing address:	P.O. Box 1050				
(if different from above):	(Street name and number or Post Office Box information)				
	Eagle CO 81631		81631		
	(City)	United S	States (Postal/Zip Code)		
	(Province – if applicable	(Country $-i$	f not US)		
5. Registered agent: (if an individual):	Kleinschmidt	Mara			
	(Last)	(First)	(Middle) (Suffix)		
OR (if a business organization):					
6. The person appointed as registered age	ent in the document has co	onsented to being	so appointed.		
7. Registered agent street address:	960 Chambers Av	enue, Suite A-	201		
7. Registered agent street address.	(Street name and number)				
	Eagle		81631		
	(City)	(State)	(Postal/Zip Code)		

8. Registered agent mailing address:	P.O. BOX 1050				
(LEAVE BLANK if same as above)	(Street name and number or Post Office Box information)				
	Eagle	CO	81631		
	(City) United States (Postal/Zip Code			Code)	
	(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			
incorporator(s). (ii aii iiidividdai)	(Last)	(First)	(Middle)	(Suffix	
OR (if a business organization)					
	P.O. Box 1050				
	(Street name and number or Post Office Box information)				
	Eagle	CO	81631		
	(City)	United S	United States (Postal/Zip Code)		
	(Province – if applicable)	(Country – i	if not US)		
(if an individual)	(Last)	(First)	(Middle)	(Suffix	
OR (if a business organization)					
	(Street name an	nd number or Post Off	umber or Post Office Box information)		
	(City)		United States (Postal/Zip Code)		
	(Province – if applicable)	(Country – i	if not US)		
(if an individual)	(Last)	(First)	(Middle)	(Suffix	
OR (if a business organization)					
	(Street name an	t name and number or Post Office Box information)			
	(City)	United S	(Postal/Zip (Code)	
	(Province – if applicable)				

(If there are more than three incorporators, mo	ark this box and include	an attachment stating the	true names and mailing	g addresses
of all additional incorporators.)				
12. The corporation is authorized to issue	$\frac{1,000}{(number)}$ shares of co	mmon stock.		
(Additional classes of capital stock may be authorbox and include an attachment stating per	-	on regarding the corporat	tion's stock may be stat	ed, mark this
13. Additional information may be included title 12, C.R.S. If applicable, mark the information.				s such as
Notice:				
acknowledgment of each individual causi individual's act and deed, or that the individual's act and deed, or that the individual is with the requirements of part 3 of article statutes, and that the individual in good fadocument complies with the requirements. This perjury notice applies to each individuate, whether or not such individual is not also and address(es) of the individual(s) causing the document to be delivered for filing:	vidual in good faith belicausing the document to 90 of title 7, C.R.S., the aith believes the facts so so of that Part, the constituted who causes this document.	eves the document to be delivered for fi e constituent document tated in the document tuent documents, are cument to be delivered.	is the act and deed ling, taken in con- ents, and the organt are true and the and the organic state ered to the secretar	d of the formity nic sutes.
to co den vered for ming.	P.O. Box 1050	(First)	(Middle)	(Suffix)
		e and number or Post Off	Office Box information)	
		CO	91631	
	Eagle		81631	
	(City)	United S	States (Postal/Zip C	.oae)
	(Province – if applica	ble) (Country – i	if not US)	
(The document need not state the true name and of any additional individuals causing the documname and address of such individuals.)		_		
Disclaimer:				

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form 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. Questions should be addressed to the user's attorney.