

Colorado Secretary of State Date and Time: 05/26/2011 09:32 AM ID Number: 20111306733

\$50.00

Document number: 20111306733 Amount Paid: \$50.00

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Articles of Incorporation for a Nonprofit Corporation

filed pursuant to § 7-122-101 and § 7-122-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the nonprofit corporation is

Document must be filed electronically.

Paper documents will not be accepted.

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are subject to change.

CEDARWOOD TOWNHOME CONDOMINIUMS

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the nonprofit corporation's initial principal office is

Street address	427 BELLEVIEW AVENUE			
<u>Mailing</u> address (leave blank if same as street address)	SUITE 204 (Street	number and name)	
	CRESTED BUTTE	CO	81224	
	(City)	United State)	(ZIP/Postal Code)
	(Province – if applicable)	(Countr	y)	
	PO BOX 2627			
	(Street number and name or Post Office Box information)			
	CRESTED BUTTE	СО	81224	
	(City)	United State)	(ZIP/Postal Cod	de)
	(Province – if applicable)	(Countr	ry)	
 The registered agent name and register are Name (if an individual) 	red agent address of the nonp	(First)	on's initial register	ed agen
OR				
(if an entity)	BOGARDUS & ASSO	OCIATES, I	P.C.	
(Caution: Do not provide both an indivi	idual and an entity name.)			
Street address	427 BELLEVIEW AV	ENUE		
	(Street	number and name	·)	

Street address	427 BELLEVIEW AVENUE	
	(Street number and name)	
	CRESTED BUTTE CO	81224
	(City) (State)	(ZIP Code)

Mailing address	PO BOX 2627			
(leave blank if same as street address)	(Street number and name or Post Office Box information)			
	CRESTED BUTTE	CO	81224	
	(City)	(State)	(ZIP Code)	·
(The following statement is adopted by marking the The person appointed as registered	agent above has consented to	being so app	ointed.	
4. The true name and mailing address of	the incorporator are			
Name (if an individual)				
OR	(Last)	(First)	(Middle)	(Suffix)
(if an entity) (<i>Caution: Do not provide both an indivi</i>	BOGARDUS & ASSO	CIATES, P	.C.	
Mailing address	PO BOX 2627			
	(Street number and name or Post Office Box information)			
	CRESTED BUTTE	СО	81224	
	(City)	(State)	(ZIP/Postal Co	ode)
	(Province – if applicable)	United St (Country)	·	
(If the following statement applies, adopt				
 (If the following statement applies, adoption of the corporation has one or mor additional incorporator are stated) 	e additional incorporators and			of each
5. (If the following statement applies, adopt the statem The nonprofit corporation will have				
6. (The following statement is adopted by marking th	e box.)			
Provisions regarding the distribution	on of assets on dissolution are	included in a	n attachment.	
7. (If the following statement applies, adopt the stater	nent by marking the box and include an	attachment)		
This document contains additional				
—				
8. (<i>Caution: <u>Leave blank</u></i> if the document does significant legal consequences. Read instruct		Stating a delaye	d effective date has	
(If the following statement applies, adopt the state. The delayed effective date and, if appl			required format.)	

(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.

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

BOGARDUS	PETER		
PO BOX 2627	(First)	(Middle)	(Suffix)
(Street number an	nd name or Post Offic	e Box information)	
CRESTED BUTTE	СО	81224	
(City)	United Sta	(ZIP/Postal Co	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.

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Upon the dissolution of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or shall be distributed to the federal government, or to a state or local government, for a public purpose.