

**Form must be filed electronically.**

Paper forms are not accepted.

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**Articles of Organization  
Limited Cooperative Association**

Filed pursuant to § 7-58-302 and § 7-58-303 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited cooperative association is:

\_\_\_\_\_

2. The principal office address of the limited cooperative association's initial principal office is

Street address

\_\_\_\_\_ (Street number and name)

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP/Postal Code)

\_\_\_\_\_ (Province – if applicable) \_\_\_\_\_ (Country)

Mailing address

(leave blank if same as above)

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

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP/Postal Code)

\_\_\_\_\_ (Province – if applicable) \_\_\_\_\_ (Country)

3. The registered agent name and registered agent address of the limited cooperative association's initial registered agent are

Name

(if an individual)

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

or

(if an entity)

\_\_\_\_\_

Street address

\_\_\_\_\_ (Street number and name)

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ CO \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

Mailing address

(leave blank if same as above)

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

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ CO \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

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

The person appointed as registered agent has consented to being so appointed.

4. The purposes for which the limited cooperative association is formed are:

5. The true names and addresses of the persons organizing the limited cooperative association are:

True Name  
(if an individual) \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

or

(if an entity) \_\_\_\_\_

Street address  
\_\_\_\_\_  
*(Street number and name)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP Code)*  
\_\_\_\_\_  
*(Province – if applicable) (Country)*

Mailing address  
(leave blank if same as above) \_\_\_\_\_  
*(Street number and name or Post Office Box information)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*  
\_\_\_\_\_  
*(Province – if applicable) (Country)*

The limited cooperative association has one or more additional persons forming the limited cooperative association and the name and mailing address of each such person are stated in an attachment.

6.  This document contains additional information as provided by law.

7. (Optional) Delayed effective date: \_\_\_\_\_  
*(mm/dd/yyyy)*

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

_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
_____			
<i>(Street number and name or Post Office Box information)</i>			
_____			
_____	_____	_____	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country)</i>	

- 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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