

Document processing fee

If document is filed on paper \$125.00  
If document is filed electronically Not available

For more information or to print copies of filed documents, visit [www.coloradosos.gov](http://www.coloradosos.gov).

Must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

**Articles of Incorporation for a Corporation Sole**

filed pursuant to §7-90-301, et seq., §7-52-101, and §7-122-102 of the Colorado Revised Statutes (C.R.S)

1. For the entity, its entity name is \_\_\_\_\_.

2. The principal office address of the entity's principal office is

Street address

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

\_\_\_\_\_

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

\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

Mailing address

(leave blank if same as street address)

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

\_\_\_\_\_

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

\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

3. The registered agent name and registered agent address of the registered agent are

Name  
(if an individual)

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

**OR**  
(if an entity)

\_\_\_\_\_  
(Caution: Do not provide both an individual and an entity name).

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

Street address

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

\_\_\_\_\_

\_\_\_\_\_  
(City) **CO** (State) (Postal/Zip Code)

Mailing address

(leave blank if same as street address)

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

\_\_\_\_\_

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

\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

4. The purpose of the corporation is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(If additional space is needed, mark this box and include an attachment stating the purpose of the corporation.)

5. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

6. The name and title of the person in whom is vested the legal title to the property is  
\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)  
\_\_\_\_\_  
(Title)

7.  Additional information may be included pursuant to §7-52-101, 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.

**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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such 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 identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are  
\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)  
\_\_\_\_\_  
(Street name and number or Post Office Box information)  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

(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.

**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).

## Business Information Survey (Optional)

For office use only

Submit with your form if you want to add, change, or remove survey information

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

### Entity information

ID number

Entity name

Choose one:

- 1. Remove all survey information from this entity's record.
- 2. Add or update the survey information on this entity's record as follows:

a) Gender

- Male
- Female
- Choose not to answer / Remove this information

b) Veteran?

- Yes
- No
- Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

**Entity information continued**

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at [www.naics.com/search.htm](http://www.naics.com/search.htm).


**Filer's information**

First	Middle	Last	Suffix	
Address 1		Address 2		
City	State	ZIP code	Province	Country

**Mail form with correct payment to:**

Colorado Secretary of State

1700 Broadway Ste 550

Denver, CO 80290

**Make checks payable to:** Colorado Secretary of State

**Include a separate check for each form submitted for filing.**

If a document is rejected, this will allow us to return the check at the time of rejection (if applicable). The document can be corrected and resubmitted with the returned check.

**Checks must be written for the exact amount**  
or the document may be rejected and returned.

**Do not include this page with your filing.**