



Business Program  
Colorado Secretary of State  
1700 Broadway, Ste. 550 Denver, CO 80290  
Phone: 303-894-2200  
Email: [Business@coloradosos.gov](mailto:Business@coloradosos.gov)

Fax: 303-869-4864  
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## Statement of Correction Correcting a Mistakenly Filed Foreign Entity that was meant to be a Domestic Entity

Filed pursuant to § 7-90-305 of the Colorado Revised Statutes (C.R.S.)

This form must be typed. Documents may be submitted by mail or dropped off at our office along with payment.

Document processing fee: \$150.00

### Section 1 – Entity Name, ID Number, and True Name if applicable

Colorado Secretary of State ID Number:

Entity Name:

True name:

The document number of the filed document being corrected:

The correct constituent filed document is attached.

### Section 2 - Additional information

If the following statement applies, adopt the statement by marking the box and include an attachment.

☐

**The document contains additional information as provided by law**

### Section 3 - Notice of perjury

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.

## Section 4 - Filer's information

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

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

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.

## Section 5 - 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).



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## Articles of Incorporation for a Cooperative

Filed pursuant to § 7-56-201 and § 7-101-503 of the Colorado Revised Statutes (C.R.S.)

**This document must be filed with the statement of correction.**

### Section 1 – Public Benefit Corporation

This is a Public Benefit Corporation.

### Section 2 – Entity name

The domestic entity name of the cooperative is:

### Section 3 – Principal office address

The principal office address of the entity's principal office is:

#### Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

#### Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

## Section 4 – Registered agent information

The registered agent name and registered agent address of the registered agent are:

Caution: Do not provide both an individual and an entity name.

### Individual

Last name

First name

Middle

Suffix

OR

### Entity

Entity Name

### Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

### Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

If applicable, adopt the following statement by marking the box:

☐

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

## Section 5 – Purposes

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

## Section 6 – True name and mailing address of incorporator

**Caution: Do not provide both an individual and an entity name.**

### Individual

Last name

First name

Middle

Suffix

**OR**

### Entity

Entity Name

### Incorporator Mailing Address

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

If applicable, adopt the following statement by marking the box and including an attachment:

☐

**The cooperative has one or more additional incorporators, and the name and mailing address of each additional incorporator are stated in an attachment.**

## Section 7 – Stock

Mark the applicable box:

- ☐ The cooperative is formed with stock. The classes of shares and the number of shares of each class the cooperative is authorized to issue are stated in an attachment. If the stock is divided into preferred and common stock, voting and nonvoting stock, or into any other class of stock, the attachment states the number of shares of stock in each class and the nature and extent of the preferences, limitations, relative rights, and privileges granted to each.

**OR**

- ☐ The cooperative is formed without common voting stock. The attachment to this document states whether the property rights and interests of each member are equal or unequal and, if unequal, the general rule or rules applicable to all members by which the property rights and interests of each member are determined and fixed; provisions for the admission of new members who are entitled to share in the property of the cooperative with the old members in accordance with such general rules; and whether the cooperative is authorized to issue one or more classes of preferred stock or other equity interests and, if so authorized, a statement as to the number of shares of stock of each class or other equity interests and the nature and extent of the preferences, limitations, relative rights, and privileges granted to each.

## Section 8 – Additional information

If applicable, adopt the following statement by marking the box and include an attachment:

- ☐ **This document contains additional information as provided by law.**

## Section 9 – Delayed effective date (if applicable)

The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

## Section 10 – Notice of perjury

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.

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## Section 11 – Filer's information

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City	State	ZIP code
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Province (if applicable)	Country
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If applicable, mark this box and include an attachment stating the additional individuals.

☐ **This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.**

## Section 12 – Disclaimer

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## Business Information Survey (Optional)

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.
- OR
- ☐ 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

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at <https://www.naics.com/search/>.

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

### Filer's information:

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
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