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Must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

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.)

1. For the entity, its ID number, entity name, and true name, if applicable, are

ID number _____
(Colorado Secretary of State ID number)

Entity name

True name

2. The document number of the filed document being corrected is _____.

3. The correct constituent filed document is attached.

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

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.

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

_____	_____	_____	_____
(Last)	(First)	(Middle)	(Suffix)

(Street number and name or Post Office Box information)			

_____	_____	_____	_____
(City)	(State)	(ZIP/Postal Code)	
_____		_____	
(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.

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).

This document must be filed with the statement of correction.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization for a Limited Cooperative Association

Filed pursuant to §7-58-302, §7-58-303 and §7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.

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

_____.

3. 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 street address)

(Street number and name or Post Office Box information)

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

(Province – if applicable) (Country)

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

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

6. 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. **(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)

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.

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 named in the 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

_____	_____	_____	_____
<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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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.

Filer's information

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

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Colorado Secretary of State
1700 Broadway Ste 550
Denver, CO 80290

Make checks payable to: Colorado Secretary of State

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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.

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