

**Form must be filed electronically.**

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

**Statement of Conversion**

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number \_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

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)*

2. The entity name of the resulting entity is \_\_\_\_\_.  
*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

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 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 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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6. 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 applicable, adopt the following 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).

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**Articles of Incorporation for a Cooperative**

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

1. The domestic entity name of the cooperative is

\_\_\_\_\_  
*(The name of a cooperative association may, but need not, contain the term or abbreviation "cooperative", "association", "incorporated", "company", "limited", "coop", "ass'n", "assn", "assoc.", "inc.", "co." or "ltd.")*

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

2. The principal office address of the cooperative's 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)*

3. The registered agent name and registered agent address of the cooperative's initial 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.)*

Street address

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

\_\_\_\_\_  
*(City)*

CO  
*(State)*

\_\_\_\_\_  
*(ZIP Code)*

Mailing address

**(leave blank if same as street address)**

\_\_\_\_\_  
*(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 above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name

(if an individual)

\_\_\_\_\_

(Last)

(First)

(Middle)

(Suffix)

**OR**

(if an entity)

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

\_\_\_\_\_

Mailing address

\_\_\_\_\_

(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.)

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

5. The cooperative is formed

(Mark the applicable box.)

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**

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.

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

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)

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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>	

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