

**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.

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.

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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**Statement of Registration for a Limited Partnership**

filed pursuant to §7-90-301, et seq. and §7-60-144 or §7-64-1002 of the Colorado Revised Statutes (C.R.S)

ID number (if applicable): \_\_\_\_\_

1. Entity name:  
(if applicable) \_\_\_\_\_

2. True name:  
(if different from the Entity name) \_\_\_\_\_

3. Entity name after registration:  
(if applicable) \_\_\_\_\_

*(The name of a limited liability limited partnership may contain the term or abbreviation "limited liability limited partnership", "registered limited liability limited partnership", "limited", "l.l.l.p.", "llp", "r.l.l.l.p.", "rlllp", or "ltd.")*

4. Principal office street address: \_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_

\_\_\_\_\_

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

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

5. Principal office mailing address:  
(if different from above) \_\_\_\_\_  
*(Street name and number or Post Office Box number)*

\_\_\_\_\_

\_\_\_\_\_

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

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

6. Registered agent (if an individual): \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

**OR** (if a business organization): \_\_\_\_\_

7. The person appointed as registered agent in the document has consented to being so appointed.

8. Registered agent street address: \_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **CO** \_\_\_\_\_

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

9. Registered agent mailing address:  
(if different from above) \_\_\_\_\_  
*(Street name and number or Post Office Box number)*

\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

10. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):

- “bank” or “trust” or any derivative thereof  
 “credit union”  “savings and loan”  
 “insurance”, “casualty”, “mutual”, or “surety”

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

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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.

12. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)  
\_\_\_\_\_  
(Street name and number or Post Office Box number)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)

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