## 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 <u>converting</u> 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 numbe	<u>r)</u>	VAI.
Entity name or true name			
Form of entity			
Jurisdiction			
Jurisdiction			
<u>Street</u> 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 i	nformation)
	(City)	(State)	(ZIP/Postal Code)
	(Province – if applicable)	(Country)	
2. The entity name of the <u>resulting</u> entity			
(Caution: The use of certain terms or abbrev	viations are restricted by law. Read	instructions for m	ore information.)
3. The converting entity has been convert	ed into the resulting entity purs	suant to section	7-90-201.7, C.R.S.
4. (If applicable, adopt the following statement by ma	rking the box and include an attachment	.)	
☐ This document contains additional	information as provided by law	V.	
5. (Caution: <u>Leave blank</u> if the document does relegal consequences. Read instructions before		ating a delayed eff	fective date has significant
(If the following statement applies, adopt the staten The delayed effective date and, if appli			ired format.)
			yyy 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 I	Box information)
	(City)	(State)	(ZIP/Postal Code)
	(Province – if applicable)	(Country)	·
(If applicable, adopt the following stateme	ent by marking the box and include an att	achment.)	
☐ This document contains the true	e e	one or more addi-	tional individuals
causing the document to be deli	vered 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 Profit Corporation** filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

he domestic entity name for the corpo	ration is			
	(The name of a corporation must c "incorporated", "company", "lim 601, C.R.S. If the corporation is a law may apply.)	ited", "corp.", inc.", "	'co." or "ltd.". See §7-90	
Caution: The use of certain terms or abbrevi	ations are restricted by law. Rea	d instructions for mo	re information.)	
he principal office address of the corp	oration's initial principal off	ice is		
Street address				
	(Street i	number and name)		
	(City)	(State)	(ZIP/Postal Code)	
	(Province – if applicable)	(Country)		
	(1 Tovince – ij applicable)	(Country)		
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)			
(Reave blank it same as street address)	(Street number and number	me or i osi Office Box i		
	(City)	(State)	(ZIP/Postal Code)	
			·	
	(Province – if applicable)	(Country)		
he registered agent name and registere	ed agent address of the corpo	ration's initial reg	istered agent are	
Name (if an individual)				
OR	(Last)	(First)	(Middle) (Sug	
(if an entity) (Caution: Do not provide both an individ	ual and an entity name.)			
Street address				
	(Street number and name)			
		CO		
	(City)	(State)	(ZIP/Postal Code)	
Mailing address (leave blank if same as street address)	(Street number and na	me or Post Office Box i	nformation)	
		CU		

(City)

(State)

(ZIP/Postal Code)

(The following statement is adopted by marki  The person appointed as regist	ered agent above has consented	l to being so appoin	nted.	
4. The true name and mailing address	s of the incorporator are			
Name				
(if an individual)	(Last)	(First)	(Middle)	(Suffix
OR	(Edit)	(1 1131)	(made)	(Sujjek
(if an entity) (Caution: Do not provide both an i	ndividual and an entity name.)			
Mailing address				7
C	(Street number and	name or Post Office Box	information)	
	(City)	(State)	(ZIP/Postal C	ode)
	(Province – if applicable)	(Country)	•	
<ol><li>The classes of shares and number follows.</li></ol> (If the following statement applies.	adopt the statement by marking the box a			are us
☐ The corporation is authorize		on shares that shall	l have unlimite	ed voting
(If the following statement applies,	adopt the statement by marking the box a	nd include an attachmen	t.)	
	arding shares as required by sec			ed in an
(Caution: At least one box must be mo	rked. Both boxes may be marked, if	applicable.)		
5. (If the following statement applies, adopt the	statement by marking the box and include	e an attachment.)		
☐ This document contains additi	onal information as provided by	law.		
7. (Caution: <u>Leave blank</u> if the document significant legal consequences. Read in		e. Stating a delayed e	ffective date has	
(If the following statement applies, adopt the The delayed effective date and, if		nt is/are		
		(mm/dd/	yyyy hour:minute c	ım/pm)

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

	(Last)	(First)	(Middle) (Si	ıffix
	(Street number and name or Post Office Box information)			
	(City)	(State)	(ZIP/Postal Code)	
	(Province – if applicable)	(Country)		
(If the following statement applies, adopt to This document contains the true causing the document to be deliv	name and mailing address of		ional individuals	

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