Form must be filed electronically.

Paper forms are not accepted.

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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)

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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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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101, § 7-102-102, and § 7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.				
2. The domestic entity name for the corpo	ration is		0	
(Caution: The use of certain terms or abbrevi	ations are restricted by law. Read	! instructions for mor	re information.)	
3. The principal office address of the corp	oration's initial principal off	ice is		
Street address	(6)			
	(Street i	number and name)		
	(City)	(State)	(ZIP/Postal C	ode)
	(Province – if applicable)	(Country)		
Mailing address (leave blank if same as street address)	(Street number and na	me or Post Office Box i	information)	
	(City)	(State)	(ZIP/Postal C	ode)
	(Province – if applicable)	(Country)	·	
4. The registered agent name and registere	ed agent address of the corpo	ration's initial reg	sistered agent	are
Name (if an individual)				
or	(Last)	(First)	(Middle)	(Suffix
(if an entity) (Caution: Do not provide both an individ	ual and an entity name.)			
Street address				
) ¹	(Street i	number and name)		
	(City)	<u>CO</u> (State)	(ZIP/Postal C	ode)

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)		
	(City)	<u>CO</u> (State)	(ZIP/Postal Code)
(The following statement is adopted by marking the box	- 1		
The person appointed as registered ag		being so appoin	ited.
5. The purposes for which the corporation w	as formed are		
			0
6. The true name and mailing address of the	incorporator are		
Name			
(if an individual) or	(Last)	(First)	(Middle) (Suffix)
(if an entity) (Caution: Do not provide both an individual	and an entity name.)		
Mailing address			
-	(Street number and na	me or Post Office Box	information)
_			
_	(City)	(State)	(ZIP/Postal Code)
	(Province – if applicable)	(Country)	·
(If the following statement applies, adopt the s ☐ The corporation has one or more ac additional incorporator are stated i	dditional incorporators and		
7. The classes of shares and number of share follows.	s of each class that the con	rporation is autho	orized to issue are as
 The corporation is authorized to issue rights and are entitled to receive the r 			
 Information regarding shares as require attachment. 	red by section 7-106-101,	C.R.S., is include	ed in an
8. (If the following statement applies, adopt the statement This document contains additional inf			
9. (Caution: Leave blank if the document does not significant legal consequences. Read instruction		Stating a delayed ej	fective date has
(If the following statement applies, adopt the statement The delayed effective date and, if applical		is/are	uired format.) yyyy hour:minute am/pm)

Notice:

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

	(Last)	(First)	(Middle)	(Suffix
	(Street number and	name or Post Office B	ox information)	
	(City)	(State)	(ZIP/Postal Co	de)
	(Province – if applicable)	(Country)	·	
(If the following statement applies, adopt to This document contains the true causing the document to be deli	name and mailing address of o	1	ional individua	ls

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