

Document must be filed electronically. Paper documents will not be accepted. Document processing fee
Fees & forms/cover sheets
are subject to change.
To access other information or print
copies of filed documents,
visit www.sos.state.co.us and
select Business Center.

Colorado Secretary of State

Date and Time: 02/09/2012 07:41 AM

ID Number: 20121088332

\$50.00 Document number: 20121088332

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1.	The	domestic	entity	name	of the	limited	liability	company is
1.	1110	domestic	Circity	Hullic	or the	mmuca	maching	company is

303 Creative LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

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

2. The principal office address of the limited liability company's initial principal office is

Street address	(Street number and name)				
Ī		CO			
	(City)	(State) (ZIP/Postal Code) United States			
_	(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 limited liability company's initial registered agent are

Name (if an individual)	Smith	Lorie	Leann	
OR	(Last)	(First)	(Middle)	(Suffix)
(if an entity) (Caution: Do not provide both a	n individual and an entity name	e.)		
Street address		(Street number and nan	ne)	
	(City)	CO (State)	- (ZIP Code)

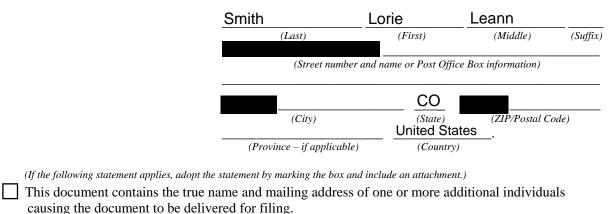
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP Code)		
(The following statement is adopted by marking The person appointed as registered.)	ed agent has consented				
4. The true name and mailing address of	the person forming the	e limited liability cor	npany are		
Name	Smith	Lorie	Leann		
(if an individual)	(Last)	(First)	(Middle)	(Suffix)	
OR					
(if an entity) (Caution: Do not provide both an indiv	idual and an entity name.)				
M ''' 11					
Mailing address	(Street number and name or Post Office Box information)				
		CO			
	(City)	United S	(ZIP/Postal C	Code)	
	(Province – if applic	rable) (Countr	ry)		
(If the following statement applies, adoption of the limited liability company company and the name and mass.) 5. The management of the limited liability (Mark the applicable box.) one or more managers. OR	has one or more additional has one or more additional has been seen address of each seen and the seen additional has been added as the seen additional has been added as the seen additional has been addition	onal persons forming uch person are stated	the limited liabil		
the members.					
6. (The following statement is adopted by marking the There is at least one member of the		oany.			
7. (If the following statement applies, adopt the state	ement by marking the box and	include an attachment.)			
This document contains additional	l information as provid	ed by law.			
8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instru	s not have a delayed effecti ctions before entering a da	ve date. Stating a delay tte.)	ved effective date has	ı	
(If the following statement applies, adopt the stat The delayed effective date and, if app			ne required format.)		
, и чер	,		n/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.

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



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).