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Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101 and § 7-102-102 of the [State] Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

WXYZ, Inc.

(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", inc.", "co." or "ltd.". See §7-90-601, C.R.S. If the corporation is a professional or special purpose corporation, other law may apply.)

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

2. The principal office address of the corporation's initial principal office is

Street address

1234 Main Street
(Street number and name)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) United States[
(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 corporation's initial registered agent are

Name
(if an individual)

Doe John
(Last) *(First)* *(Middle)* *(Suffix)*

OR

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

Street address

1234 Main Street
(Street number and name)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

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Mailing address
(**leave blank** if same as street address) _____
(Street number and name or Post Office Box information)

_____

_____ _____ _____.
(City) *(State)* *(ZIP/Postal 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) Doe John _____
(Last) *(First)* *(Middle)* *(Suffix)*

OR

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

Mailing address 1234 Main Street
(Street number and name or Post Office Box information)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

_____ United States.
(Province – if applicable) *(Country)*

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

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

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

(If the following statement applies, adopt the statement by marking the box and enter the number of shares.)

☑ The corporation is authorized to issue 1,000 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

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

☐ Additional information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

*(**Caution:** At least one box must be marked. Both boxes may be marked, if applicable.)*

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

Doe John
(Last) *(First)* *(Middle)* *(Suffix)*

1234 Main Street
(Street number and name or Post Office Box information)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) United States .
(Country)

(If the following statement applies, adopt the 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.

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