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Articles of Incorporation for a Nonprofit Corporation

filed pursuant to § 7-122-101 and § 7-122-102 of the [State] Revised Statutes (C.R.S.)

1. The domestic entity name for the nonprofit corporation is

WXYZ, Inc.

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

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

Street address

1234 Main Street
(Street number and name)

[City] *(City)* [State] *(State)* [Zip] *(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 nonprofit corporation's initial registered agent are

Name
(if an individual)

Doe *(Last)* John *(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] *(City)* [State] *(State)* [Zip] *(ZIP 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 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. *(If the following statement applies, adopt the statement by marking the box.)*

☐ The nonprofit corporation will have voting members.

6. *(The following statement is adopted by marking the box.)*

☑ Provisions regarding the distribution of assets on dissolution are included in an attachment.

7. *(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.

8. (***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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9. 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)*

United States.
(Province – if applicable) *(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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