



Business Program
Colorado Secretary of State
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Articles of Organization Limited Cooperation Association

Filed pursuant to § 7-58-302 and § 7-58-303 of the Colorado Revised Statutes (C.R.S.)

Section 1 – Entity name

The domestic entity name of the limited cooperative association is:

Section 2 – Principal office address

The principal office address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Section 3 – Registered agent information

The registered agent name and registered agent address of the registered agent are:

Caution: Do not provide both an individual and an entity name.

Individual

Last name

First name

Middle

Suffix

OR

Entity

Entity Name

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

The following statement is adopted by marking the box.

☐

The person appointed as registered agent has consented to being so appointed.

Section 4 – Purposes

The purposes for which the limited cooperative association is formed are:

Section 5 – True name and mailing address of organizer

The true name and mailing address of the persons organizing the limited cooperative association are:

True name (if an individual)

Last name

First name

Middle

Suffix

OR

Entity

Entity Name

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

- ☐ The limited cooperative association has one or more additional persons forming the limited cooperative association and the name and mailing address of each such person are stated in an attachment.

Section 6 – Additional information

If applicable, adopt the following statement by marking the box and include an attachment:

- ☐ This document contains additional information as provided by law.

Section 7 – Delayed effective date (if applicable)

The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Section 8 – Notice of perjury

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.

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 identified in this document as one who has caused it to be delivered.

Section 9 – Filer's information

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

Last name

First name

Middle

Suffix

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province (if applicable)	Country	
<input type="text"/>	<input type="text"/>	

If applicable, mark this box and include an attachment stating the additional individuals.

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Section 10 – 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).