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Articles of Incorporation for a Nonprofit Corporation

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

1. The domestic entity name for the nonprofit corporation is The Villas at Sunrise Creek Homeowners Association, 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
218 Sherman Street
(Street number and name)

Ridgway (*City*) CO (*State*) 81432 (*ZIP/Postal Code*)
(*Province – if applicable*) United States (*Country*)

Mailing address
(**leave blank** if same as street address)
PO Box 381
(Street number and name or Post Office Box information)

Ridgway (*City*) CO (*State*) 81432 (*ZIP/Postal Code*)
(*Province – if applicable*) United States (*Country*).

3. The registered agent name and registered agent address of the nonprofit corporation's initial registered agent are

Name
(if an individual)
(*Last*) (*First*) (*Middle*) (*Suffix*)

OR

(if an entity) Hockersmith & Whitmore, LLC

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

Street address
Alpine Bank Bldg 917 Main St 2nd Fl
(Street number and name)

Ouray (*City*) CO (*State*) 81427 (*ZIP Code*)

Mailing address
(**leave blank** if same as street address)

PO Box 646
(Street number and name or Post Office Box information)

Ouray CO 81427-0646.
(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)

Petruccelli Jack T. ____
(Last) *(First)* *(Middle)* *(Suffix)*

OR

(if an entity) _____

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

Mailing address

PO Box 381
(Street number and name or Post Office Box information)

Ridgway CO 81432
(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. Provisions regarding the distribution of assets on dissolution:

Upon the dissolution of the corporation, after paying or making provisions for the payment of all of the liabilities of the corporation, all the assets of the corporation shall be turned over to members in substantially equal amounts as determined by the Board of Directors. If the corporation is exempt under section 501(c)(3) of the internal revenue code, or corresponding section of any future federal tax code, the assets of the corporation shall be distributed for one or more exempt purpose under said section, or to the federal government, or to a state or local government, for a public purpose, as the board of directors shall determine. Any such assets not so disposed of shall be disposed of by the District Court for the County of Montrose and State of Colorado, exclusively for such purposes or to such organization or organizations, as such court shall determine, which are organized and operated exclusively for such purposes.

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)

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

Hockersmith (*Last*) Michael (*First*) D. (*Middle*) ____ (*Suffix*)

Alpine Bank Bldg 917 Main St 2nd Fl
(Street number and name or Post Office Box information)

PO Box 646

Ouray (*City*) CO (*State*) 81427-0646 (*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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