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Colorado Secretary of State

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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.)

the nonprofit corporation is	Woodridge Townhomes of Boulder Homeowners' Association, Inc.					
(Caution: The use of certain terms or abbre	eviations are restricted by law. Re	ead instructions for	more information.)			
2. The principal office address of the no	nprofit corporation's initial p	orincipal office is	S			
Street address	11 Chesebro Way					
	(Stree	et number and name)				
	Eldorado Springs	СО	80025			
	(City)	(State) United S	(ZIP/Postal Code	e)		
	(Province – if applicable)	(Country))			
Mailing address	PO Box 325					
(leave blank if same as street address)	(Street number and name or Post Office Box information)					
	Eldorado Springs	CO	80025			
	(City)	(State)	(ZIP/Postal Co	de)		
		United S	tates			
	(Province – if applicable)	United Since Country				
3. The registered agent name and registe are		(Country	·)	ed agent		
	ered agent address of the non	(Country	·)	red agent		
are Name	ered agent address of the non	(Country	·)	red agent		
are Name (if an individual)	Cartwright (Last)	(Country profit corporatio Helen	n's initial register			
Name (if an individual) OR (if an entity)	Cartwright (Last)	(Country profit corporatio Helen	n's initial register			
Name (if an individual) OR (if an entity) (Caution: Do not provide both an indiv	Cartwright (Last) ridual and an entity name.) 11 Chesebro Way	(Country profit corporatio Helen	n's initial register			
Name (if an individual) OR (if an entity) (Caution: Do not provide both an indiv	Cartwright (Last) ridual and an entity name.) 11 Chesebro Way	rofit corporatio Helen (First)	n's initial register			

Mailing address	Po Box 325				
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	Eldorado SPrings		co 80025		
	(City)			IP Code)	
e following statement is adopted by marking the The person appointed as registere		ented to being so	o appointed.		
ne true name and mailing address of	f the incorporator are				
Name					
(if an individual)	Postle	James		(C.,(C.,)	
OR	(Last)	(First)	(Mid	dle) (Suffix)	
(if an entity) (Caution: Do not provide both an indiv	vidual and an entity name				
Mailing address	2616 Valmont	nhar and name or Po	est Office Rox inform	ation)	
	(Street number and name or Post Office Box information)				
	Boulder		O 80302		
	Boulder (City)	(St	tate) (ZIP/	Postal Code)	
(If the following statement applies, adopted The corporation has one or monadditional incorporator are stated).	(City) (Province – if applicate the statement by marking the incorporate additional incorporate in an attachment.	able) (Si Unite (Co	ed States (ZIP/ country).	,	
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7. (If the following statement applies, adopt the statem	ent by marking the box and includ	de an attachment.)			
This document contains additional in	information as provided b	y law.			
8. (Caution: Leave blank if the document does not significant legal consequences. Read instruct		ite. Stating a delay	red effective date has		
(If the following statement applies, adopt the statem. The delayed effective date and, if appli-			e required format.)		
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Notice:					
individual's act and deed, or that the individual is comperson on whose behalf the individual is comperson on whose behalf the individual is comperson on whose behalf the individual is comperson of part 3 of article 9 statutes, and that the individual in good far document complies with the requirements. This perjury notice applies to each individual State, whether or not such individual is not 9. The true name and mailing address of the	ausing the document to be 00 of title 7, C.R.S., the continue of that Part, the constitue dual who causes this document as of the document as of t	e delivered for financial constituent docume documents, a ment to be delivered who has cause	iling, taken in com- nents, and the orga- nt are true and the and the organic state ered to the Secreta and it to be deliver	formity nic tutes. ary of ed.	
	PO Box 325	(First)	(Middle)	(Suffix)	
	(Street number and name or Post Office Box information)				
	Eldorado Springs	СО	80025		
	(City)	(State) United S	(ZIP/Postal C States	ode)	
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(If the following statement applies, adopt the This document contains the true na causing the document to be delive	ame and mailing address			als	
Disclaimer:					
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