

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies of filed documents, visit www.sos.state.co.us.

Street address

Colorado Secretary of State

Date and Time: 08/19/2020 09:55 PM

ID Number: 20201711173

Document number: 20201711173

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

## **Articles of Organization**

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

## Harcos Enterprises LLC

9607 Summer Sky Ln

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Street number and name)

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

2. The principal office address of the limited liability company's initial principal office is

	Peyton	<u>CO</u>	80831		
	(City) (State) United State		(ZIP/Postal Code)		
	(Province – if applicable)	(Country	(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 regist agent are	ered agent address of the lim	ited liability com	pany's initial registered		
Name					
	Wilson	Kevin	M		
(if an individual) or	Wilson (Last)	Kevin (First)	(Middle) (Suffi		
(if an individual)	(Last)				
(if an individual)  or  (if an entity)	(Last)	(First)			
(if an individual)  or  (if an entity) (Caution: Do not provide both an indi	(Last) vidual and an entity name.) 9607 Summer Sky Li	(First)			
(if an individual)  or  (if an entity) (Caution: Do not provide both an indi	(Last) vidual and an entity name.) 9607 Summer Sky Li	(First)			
(if an individual)  or  (if an entity) (Caution: Do not provide both an indi	(Last) vidual and an entity name.)  9607 Summer Sky Li (Stre	(First)  Neet number and name)	(Middle) (Suffi		

4. The true name and mailing ad	dress of the person forming the lin	mited hability co	ompany are	
Name	Wilson	Kevin	M	
(if an individual)	(Last)	(First)	(Middle)	(Suffi
or				
(if an entity) (Caution: Do not provide both	an individual and an entity name.)			
Mailing address	9607 Summer Sky	Ln		
Maning address	(Street numbe	er and name or Post C	Office Box information)	
	Peyton	CO	80831	
	(City)	(State)	(ZIP/Postal C	Code)
				,
The limited liability cocompany and the name	(Province – if applicable of the statement by marking the box ompany has one or more additional e and mailing address of each such	United (Coun  and include an attact 1 persons formin	States .  try)  hment.)  g the limited liability	ity
The limited liability cocompany and the name	(Province – if applicable of the statement by marking the box ompany has one or more additional e and mailing address of each such	United (Coun  and include an attact 1 persons formin	States .  try)  hment.)  g the limited liability	ity
The limited liability cocompany and the name  5. The management of the limited (Mark the applicable box.)  one or more managers.  or  the members.  6. (The following statement is adopted by	CO (Province – if applicable) whiles, adopt the statement by marking the box company has one or more additionate and mailing address of each such addiability company is vested in	United (Coun t and include an attact l persons formin h person are state	States .  try)  hment.)  g the limited liability	ity
The limited liability cocompany and the name  5. The management of the limited (Mark the applicable box.)  one or more managers.  or  the members.  6. (The following statement is adopted by There is at least one mem  7. (If the following statement applies, adopted)	CO  (Province – if applicable)  dies, adopt the statement by marking the box  company has one or more additionate and mailing address of each such additional in the statement by marking the box.)	United (Coun to and include an attact l persons formin th person are state  ny.	States .  try)  hment.)  g the limited liability	ity
The limited liability concompany and the name of the limiter (Mark the applicable box.)  one or more managers.  or  the members.  6. (The following statement is adopted by the members.)  (If the following statement applies, adopted by the following statement applies are	CO  (Province – if applicable)  whiles, adopt the statement by marking the box  company has one or more additional  e and mailing address of each such  d liability company is vested in  marking the box.)  ber of the limited liability company  put the statement by marking the box and inclu-	United (Counted)	States .  try)  hment.)  g the limited liabilited in an attachment	ity t.

(City)

(ZIP Code)

(State)

## 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

	Wilson	Kevin	M	
	(Last)	(First)	(Middle)	(Suffix
	9607 Summer Sky L	_n		
	(Street number	and name or Post Of	fice Box information)	
	Pouton CO 90921			
	Peyton		80831	
	(City)	(State) United S	(ZIP/Postal C States .	ode)
	(Province – if applicable) (Country		ry)	
(If the following statement applies, adopt  This document contains the true causing the document to be deli	e name and mailing address			als

## 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).