

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Silverado Ranch, Inc.

is a

Corporation

formed or registered on 03/31/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051138482 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/22/2018 that have been posted, and by documents delivered to this office electronically through 03/25/2018 @ 23:17:58 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/25/2018 @ 23:17:58 in accordance with applicable law. This certificate is assigned Confirmation Number 10800438 .



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

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Colorado Secretary of State  
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**Articles of Incorporation for a Nonprofit Corporation**

filed pursuant to §7-90-301, et seq. and §7-122-101 of the Colorado Revised Statutes (C.R.S)

1. Entity name:

**Silverado Ranch Home Owners Association**

*(The name of a nonprofit corporation may, but need not, contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "Ltd." §7-90-601, C.R.S.)*

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- "bank" or "trust" or any derivative thereof
- "credit union"       "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

**18911 Cherry Springs Ranch Dr.**

*(Street name and number)*

**Monument**

*(City)*

**CO**

*(State)*

**80132**

*(Postal/Zip Code)*

**United States**

*(Province - if applicable)*

*(Country - if not US)*

4. Principal office mailing address:  
 (if different from above)

*(Street name and number or Post Office Box information)*

*(City)*

*(State)*

*(Postal/Zip Code)*

*(Province - if applicable)*

*(Country - if not US)*

5. Registered agent: (if an individual):

**Searle**

*(Last)*

**Stanley**

*(First)*

**M.**

*(Middle)*

**Sr.**

*(Suffix)*

**OR** (if a business organization):

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

**18911 Cherry Springs Ranch Dr.**

*(Street name and number)*

**Monument**

*(City)*

**CO**

*(State)*

**80132**

*(Postal/Zip Code)*

8. Registered agent mailing address:  
 (if different from above)

*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
\_\_\_\_\_  
*(Province – if applicable)* *(Country – if not US)*

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

\_\_\_\_\_  
*(mm/dd/yyyy)*

10. (Optional) Delayed effective date:

\_\_\_\_\_  
*(mm/dd/yyyy)*

11. Name(s) and address(es) of incorporator(s): (if an individual)

Searle Stanley M. Sr.  
*(Last)* *(First)* *(Middle)* *(Suffix)*

OR (if a business organization)

18911 Cherry Springs Ranch Dr.  
*(Street name and number or Post Office Box information)*  
\_\_\_\_\_  
Monument CO 80132  
*(City)* *(State)* *(Postal/Zip Code)*  
United States  
*(Province – if applicable)* *(Country – if not US)*

(if an individual) Searle Lorna K..  
*(Last)* *(First)* *(Middle)* *(Suffix)*

OR (if a business organization)

18911 Cherry Springs Ranch Dr.  
*(Street name and number or Post Office Box information)*  
\_\_\_\_\_  
Monument CO 80132  
*(City)* *(State)* *(Postal/Zip Code)*  
United States  
*(Province – if applicable)* *(Country – if not US)*

(if an individual) \_\_\_\_\_  
*(Last)* *(First)* *(Middle)* *(Suffix)*

OR (if a business organization)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*  
\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
United States  
*(Province – if applicable)* *(Country – if not US)*

(If more than three incorporators, mark this box  and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.
13. The corporation will  OR will not  have voting members.
14. A description of the distribution of assets upon dissolution is attached.
15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box  and include an attachment stating the additional information.

**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.

16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Searle	Stanley	M	Sr.
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
18911 Cherry Springs Ranch Dr.			
<i>(Street name and number or Post Office Box information)</i>			
Monument		CO	80132
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
United States			
<i>(Province - if applicable)</i>		<i>(Country - if not US)</i>	

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

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