



Business Program
Colorado Secretary of State
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Articles of Incorporation for a Cooperative Association

Filed pursuant to § 7-55-102 and § 7-101-503 of the Colorado Revised Statutes (C.R.S.)

Section 1 – Public Benefit Corporation

This is a Public Benefit Corporation.

Section 2 – Entity name

The domestic entity name of the association is:

Section 3 – 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 4 – 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.

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 following statement is adopted by marking the box.

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

Section 5 – Purposes

The purposes for which the association was formed are:

Section 6 – Required attachment

The attachment to this document contains information regarding the following:

- the true name and mailing address of each incorporator.
- the number and terms of directors, which number shall be not less than three.
- the authorized capital stock, the number of shares into which said stock is divided, and the par value of each; and
- the number of memberships authorized, the capital subscription of each, and the method of determining property rights and interests of each member without capital stock

Section 7 – Additional information (if applicable)

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.

Section 8 – Delayed effective date (if applicable)

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/or time (mm/dd/yyyy hour:minute am/pm) of this document is:

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 9 – 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 10 – 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 11 – 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).