OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Incorporation of a Cooperative Association

with Document # 20111558270 of Stanford Triplex Homeowner Association

Colorado Cooperative Association

(Entity ID # 20111558270)

consisting of 4 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/19/2016 that have been posted, and by documents delivered to this office electronically through 05/20/2016@11:36:09.

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 05/20/2016 @ 11:36:09 in accordance with applicable law. This certificate is assigned Confirmation Number 9660095



In li Olima

Secretary of State of the State of Colorado

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Colorado Secretary of State

Date and Time: 10/04/2011 10:23 AM

ID Number: 20111558270

\$50.00

Document number: 20111558270

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Cooperative Association

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

1. The domestic entity name of the association is

Stanford Triplex Homeowner Association

(The name of a cooperative association may, but need not, contain the term or abbreviation "cooperative", "association", "incorporated", "company", "limited", "coop", "ass'n", "assn", "assoc.", "inc.", "co." or "ltd.").)

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

9231 N County Rd #9

2. The principal office address of the association's principal office is

	•	#9			
Street address	(Street number and name)				
	Wellington	CO	80549		
	(City)	(State) United	(State) (ZIP/Postal Code) United States		
	(Province – if applicable)		(Country)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Co	de)	
	(Province – if applicable) (Country)		(Country)		
e registered agent name and registe	red agent address of the ass	sociation's initia	al registered agent a	re	
Name (if an individual)	Nauta	Judy	D		
	Nauta (Last)	Judy (First)	(Middle)		
(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 indiv	(Last) idual and an entity name.) 9231 N County Rd	(First)	(Middle)		
(if an individual) OR (if an entity) (Caution: Do not provide both an indiv	(Last) idual and an entity name.) 9231 N County Rd	(First)	(Middle)	(Suffi:	

Mailing address				
(leave blank if same as street address)	(Street number and name or Post Office Box information)			
		CO		-
	(City)	(State)	(ZIP Code)	
(The following statement is adopted by marking the least of the person appointed as registered as		d to being so appo	ointed.	
4. The purposes for which the association Homeowner Association	was formed are			
5. The attachment to this document contain • the true name and mailing addr		the following:		
 the number and terms of directe the authorized capital stock, the 	ors, which number shall b			par
 value of each; and the number of memberships au determining property rights and 	•			f
6. (If the following statement applies, adopt the statement This document contains additional is				
7. (Caution: Leave blank if the document does n	•	-	d effective date has	
significant legal consequences. Read instruction		zg u ueraye	9,,	
(If the following statement applies, adopt the statem The delayed effective date and, if applied		ent is/are		
		(mm/	dd/yyyy hour:minute d	am/pm)
Notice:				
Causing this document to be delivered to tacknowledgment of each individual causing individual's act and deed, or that the individual is comperson on whose behalf the individual in good fair document complies with the requirements	ng such delivery, under peridual in good faith believer ausing the document to be of title 7, C.R.S., the court believes the facts state	enalties of perjury es the document is e delivered for fil onstituent docume d in the documen	y, that the documents the act and deed ing, taken in concents, and the organit are true and the	ent is the d of the aformity anic
This perjury notice applies to each individ State, whether or not such individual is na				
8. The true name and mailing address of the	ne individual causing the	document to be d	elivered for filing	g are
	Nauta	Judy	D	
	9231 N County Rd 9	(First) and name or Post Office	(Middle)	(Suffix
	Wellington (City)	CO (State)	80459 (ZIP/Postal C	Code)
	(City)	United St	ates	,oue,

(Province - if applicable)

(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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Incorporators

Judy Nauta 9231 N County Rd 9 Wellington, CO 80549

Director

Judy Nauta 9231 N County Rd 9 Wellington, CO 80549

There is no capital stock
Judy is the only manager