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.

E-Filed

Colorado Secretary of State
Date and Time: 05/05/2021 03:11 PM
ID Number: 20211437678

Document number: 20211437678
Amount Paid: $50.00

ABOVE SPACE FOR OFFICE USE ONLY

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.)

1. The domestic entity name for the nonprofit corporation is Redlands 360 Homeowners Association, Inc.

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

2. The principal office address of the nonprofit corporation's initial principal office is

Street address
9540 Federal Drive
(Street number and name)
Suite 200
Colorado Springs | CO | 80921
(City) *(State)* *(ZIP/Postal Code)*
United States | United States
(Province – if applicable) *(Country)*

Mailing address
(**leave blank** if same as street address)
9540 Federal Drive
(Street number and name or Post Office Box information)
Suite 200
Colorado Springs | CO | 80921
(City) *(State)* *(ZIP/Postal Code)*
CO | United States.
(Province – if applicable) *(Country)*

3. The registered agent name and registered agent address of the nonprofit corporation's initial registered agent are

Name
(if an individual)
Quimby | B. | Douglas |
(Last) *(First)* *(Middle)* *(Suffix)*

OR

(if an entity)

*(**Caution:** Do not provide both an individual and an entity name.)*

Street address
9540 Federal Drive
(Street number and name)
Suite 200
Colorado Springs | CO | 80921
(City) *(State)* *(ZIP Code)*

Mailing address
(**leave blank** if same as street address)

9540 Federal Drive
(Street number and name or Post Office Box information)
Suite 200
Colorado Springs (*City*) CO (*State*) 80921 (*ZIP Code*).

(The following statement is adopted by marking the box.)

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

4. The true name and mailing address of the incorporator are

Name
(if an individual)

Wallace (*Last*) Denise (*First*) _____ (*Middle*) _____ (*Suffix*)

OR

(if an entity) _____

(***Caution:*** *Do not provide both an individual and an entity name.)*

Mailing address

9540 Federal Drive
(Street number and name or Post Office Box information)
Suite 200
Colorado Springs (*City*) CO (*State*) 80921 (*ZIP/Postal Code*)
CO (*Province – if applicable*) United States (*Country*).

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. *(If the following statement applies, adopt the statement by marking the box.)*

☐ The nonprofit corporation will have voting members.

6. Provisions regarding the distribution of assets on dissolution:

There will be no assets.

7. *(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.

8. ***(Caution:*** *Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(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, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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

Quimby (*Last*) B. (*First*) Douglas (*Middle*) ____ (*Suffix*)
9540 Federal Drive
(Street number and name or Post Office Box information)
Suite 200
Colorado Springs (*City*) CO (*State*) 80921 (*ZIP/Postal Code*)
_____ (*Province – if applicable*) United States (*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.

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).