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Colorado Secretary of State

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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.)

the nonprofit corporation is	Oberon Road Condominiums HOA					
(Caution: The use of certain terms or abbre	viations are restricted by law. R	ead instructions fo	r more information.)			
2. The principal office address of the nor	nprofit corporation's initial p	orincipal office i	S			
Street address	9105 Oberon Road					
	(Street number and name)					
	Arvada	CO	80004			
	(City)	(State) United S	(ZIP/Postal Code	e)		
	(Province – if applicable)	(Country)			
Mailing address	2367 46 1/2 Road					
(leave blank if same as street address)	(Street number and	(Street number and name or Post Office Box information)				
	De Beque	CO	81630			
	(City)	(State) United S	(ZIP/Postal Co	ode)		
	(Province – if applicable)	(Country	")			
3. The registered agent name and registe are		,	,	red agent		
Name	red agent address of the non	profit corporation	,	red agent		
are Name (if an individual)		,	,			
are Name	red agent address of the non	profit corporation	on's initial register			
are Name (if an individual)	Barton (Last)	profit corporation	on's initial register			
are Name (if an individual) OR (if an entity)	Barton (Last)	profit corporation	on's initial register			
are Name (if an individual) OR (if an entity) (Caution: Do not provide both an indiv	Barton (Last) idual and an entity name.) 2367 46 1/2 Road	profit corporation	on's initial register (Middle)			
are Name (if an individual) OR (if an entity) (Caution: Do not provide both an indiv	Barton (Last) idual and an entity name.) 2367 46 1/2 Road	Angela (First)	on's initial register (Middle)	(Suffix)		

(leave blank if same as street add	ress) (Street number	(Street number and name or Post Office Box information)				
`		(Street number and name of Fost Office Box information)				
		<u>CO</u>				
	(City)	(State)	(ZIP Code))		
following statement is adopted by mark	king the box.)					
The person appointed as regi	stered agent above has conse	nted to being so appoi	nted.			
e true name and mailing addre	ess of the incorporator are					
e true name and maning addre	iss of the incorporator are					
Name	Douton	Angolo				
(if an individual)	Barton (Last)	Angela (First)	(Middle)	— (Suffix		
OR	(Lust)	(First)	(Miaaie)	(Зијја		
(if an entity)						
(Caution: Do not provide both an	individual and an entity name.)					
	2367 46 1/2 Road					
Mailing address		ber and name or Post Office	Rox information)			
	De Beque	CO	31630			
	(City)	(State) United Sta	(ZIP/Postal C	ode)		
	(Province – if applica					
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7. (If the following statement applies, adopt the statem	nent by marking the box and inclu	de an attachment.)				
This document contains additional	information as provided b	y law.				
8. (Caution: Leave blank if the document does not significant legal consequences. Read instructions.)		ate. Stating a delay	ed effective date has			
(If the following statement applies, adopt the statem The delayed effective date and, if appli			e required format.)			
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Notice:						
acknowledgment of each individual causing individual's act and deed, or that the individual's person on whose behalf the individual is of with the requirements of part 3 of article statutes, and that the individual in good far document complies with the requirements. This perjury notice applies to each individual is nature of the true name and mailing address of the second seco	idual in good faith believe causing the document to be 90 of title 7, C.R.S., the co- tith believes the facts state s of that Part, the constitue dual who causes this docu- armed in the document as of	es the document be delivered for finantituent document and in the document and to be delivered by the document to be delivered by the document who has caused an experience of the document and t	is the act and deed ling, taken in confi ents, and the organ nt are true and the nd the organic state ered to the Secreta and it to be delivered	of the formity nic utes.		
	Barton	Angela				
	2367 46 1/2 Road	(First)	(Middle)	(Suffix)		
		and name or Post Off	name or Post Office Box information)			
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	(City)	(State) United S	United States .			
	(Province – if applicable)	(Countr	y)			
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Disclaimer:						

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