



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:

Mt. Crested Butte Town Center Community 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:

620 Gothic Rd.

(Street name and number)

Mt. Crested Butte

(City)

CO

(State)

81225

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

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

P.O. Box 5700

(Street name and number or Post Office Box information)

Mt. Crested Butte

(City)

CO

(State)

81225

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

5. Registered agent: (if an individual):

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization):

Wilderson, O'Hayre, Dawson & Frazier, P.C.

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

7. Registered agent street address:

120 N. Taylor St.

(Street name and number)

Gunnison

(City)

CO

(State)

81230

(Postal/Zip Code)

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

P.O. Box 179

(Street name and number or Post Office Box information)

Gunnison CO 81230

(City) (State) (Postal/Zip Code)

United States

(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)

Perkins Gregory W. Esq.

(Last) (First) (Middle) (Suffix)

OR (if a business organization)

c/o Wear, Travers & Perkins, P.C.

(Street name and number or Post Office Box information)
1000 S. Frontage Rd. West, Ste. 200

Vail CO 81657

(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 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.

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| <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Suffix)</i> |
| <u>c/o Wear, Travers & Perkins, P.C.</u> | | | |
| <i>(Street name and number or Post Office Box information)</i> | | | |
| <u>1000 S. Frontage Rd. West, Ste. 200</u> | | | |
| <u>Vail</u> | <u>CO</u> | <u>81657</u> | |
| <i>(City)</i> | <i>(State)</i> | <i>(Postal/Zip Code)</i> | |
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