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Street address

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

conceptslearningmachine

5120 N Broadway 302

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Street number and name)

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

2. The principal office address of the limited liability company's initial principal office is

	Denver	CO	80216	
	(City)	United S		
	$(Province-if\ applicable)$	(Countr	y)	
Mailing address (leave blank if same as street address)	(Street number and	l name or Post Office .	Roy information)	
(leave blank if same as street address)	(Street number and			
	(City)	(State)	(ZIP/Postal Code))
	(Province – if applicable)	(Country	etry)	
gent are	ered agent address of the lim	nited liability con	npany's initial registo	ere
	Catalano	Thomas		
vent are Name				
yent are Name (if an individual)	Catalano (Last)	Thomas		
(if an individual) or (if an entity)	Catalano (Last)	Thomas (First)		(Sug
Name (if an individual) or (if an entity) (Caution: Do not provide both an individual)	Catalano (Last) vidual and an entity name.) 5120 N Broadway 30	Thomas (First)	(Middle)	
Name (if an individual) or (if an entity) (Caution: Do not provide both an individual)	Catalano (Last) vidual and an entity name.) 5120 N Broadway 30	Thomas (First)	(Middle)	
Name (if an individual) or (if an entity) (Caution: Do not provide both an individual)	Catalano (Last) vidual and an entity name.) 5120 N Broadway 30 (Str	Thomas (First) 02 eet number and name)	(Middle)	

4. The true name and mailing add	dress of the person forming the lim	nited liability com	npany are	
Name				
(if an individual)	Catalano	Thomas	(M: J.H.)	(C. (C:)
or	(Last)	(First)	(Middle)	(Suffix)
(if an entity) (Caution: Do not provide both	an individual and an entity name.)			
Mailing address	5120 N Broadway 30	02		
C	(Street number	and name or Post Off	ice Box information)	
	Denver	CO	80216	
	Bonvon	00	00=.0	
	(City)	(State)	(ZIP/Postal C	lode)
☐ The limited liability con		United S (Country and include an attachn persons forming	(ZIP/Postal C itates . y) nent.) the limited liabili	ty
The limited liability corcompany and the name	(City) (Province – if applicable) lies, adopt the statement by marking the box of mpany has one or more additional and mailing address of each such	United S (Country and include an attachn persons forming	(ZIP/Postal C itates . y) nent.) the limited liabili	ty
The limited liability concompany and the name 5. The management of the limited (Mark the applicable box.) one or more managers. or the members. 6. (The following statement is adopted by recompany)	(City) (Province – if applicable) lies, adopt the statement by marking the box of mpany has one or more additional and mailing address of each such d liability company is vested in	(State) United S (Country and include an attachn persons forming person are stated	(ZIP/Postal C itates . y) nent.) the limited liabili	ty
The limited liability corcompany and the name 5. The management of the limited (Mark the applicable box.) one or more managers. or the members. 6. (The following statement is adopted by rown.) There is at least one members.	(City) (Province – if applicable) lies, adopt the statement by marking the box of mpany has one or more additional and mailing address of each such deliability company is vested in	(State) United S (Country and include an attachm persons forming person are stated	(ZIP/Postal C itates . y) nent.) the limited liabili	ty
The limited liability corcompany and the name 5. The management of the limited (Mark the applicable box.) one or more managers. or the members. 6. (The following statement is adopted by rown.) There is at least one members. 7. (If the following statement applies, adoption.) This document contains acons. 8. (Caution: Leave blank if the document.)	(City) (Province – if applicable) lies, adopt the statement by marking the box of the mailing address of each such and mailing address of each such a liability company is vested in the marking the box.) per of the limited liability company of the statement by marking the box and includent the statement the statement by marking the box and includent the statement the s	(State) United S (Country and include an attachm persons forming person are stated	(ZIP/Postal C tates y) nent.) the limited liabili I in an attachment	ty

(City)

(ZIP Code)

(State)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

	Catalano	Thomas		
	5120 N Broadway 30	(First)	(Middle)	(Suffix
			fice Box information)	
	Denver	СО	80216	
	(City)	United S	(ZIP/Postal C	ode)
	(Province – if applicable) (Country)			
(If the following statement applies, adopt	t the statement by marking the box and	l include an attachme	ent.)	
This document contains the tru causing the document to be de	9	of one or more a	additional individua	als

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