



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.

Colorado Secretary of State
Date and Time: 09/19/2019 08:14 AM
ID Number: 20191744472
Document number: 20191744472
Amount Paid: \$50.00

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

CLM ~ Concepts Learning Machine

(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.)

(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

Street address

473 Grey Eagle Drive

(Street number and name)

Cripple Creek

(City)

CO

(State)

80813

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

Catalano

(Last)

Thomas

(First)

Joseph

(Middle)

(Suffix)

or

(if an entity)

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

Street address

473 Grey Eagle Drive

(Street number and name)

Cripple Creek

(City)

CO

(State)

80813

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO (State) _____
(ZIP Code)

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

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

4. The true name and mailing address of the person forming the limited liability company are

Name

(if an individual)

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

or

(if an entity)

Catalano Concepts LLC

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

Mailing address

9 Woodhull Avenue

(Street number and name or Post Office Box information)

West Orange

(City)

NJ

(State)

07052

(ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

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

☒ The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

☐ one or more managers.

or

☒ the members.

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

☒ There is at least one member of the limited liability company.

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

<u>Catalano</u>	<u>Thomas</u>	<u>Joseph</u>	<u></u>
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>473 Grey Eagle Drive</u>			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
<u>Cripple Creek</u>	<u>CO</u>	<u>80813</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<u></u>	<u>United States</u>		
<small>(Province – if applicable)</small>	<small>(Country)</small>		

(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).

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
CERTIFICATE OF REINSTATEMENT

CATALANO CONCEPTS LIMITED LIABILITY COMPANY
0400588574

WHEREAS the above-named business entity did on the 29th day of June, 2019, satisfy all requirements for reinstatement as set forth in the laws of this State, I, the Treasurer of the State of New Jersey do hereby issue this certificate authorizing the same to continue its business and resume the exercise of its functions.

Registered Agent and Office

THOMAS CATALANO
9 WOODHULL AVE
WEST ORANGE, NJ 07052-3535

Main Business Address

9 WOODHULL AVE
WEST ORANGE , NJ 07052-3535

Officers and Directors

OTHER
Thomas J Catalano
9 WOODHULL AVE
WEST ORANGE, NJ 07052-3535

OTHER
Concepts Learning Machine
9 Woodhull Avenue
West Orange, NJ 07052-3535



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
29th day of June, 2019*

A handwritten signature in cursive script, likely belonging to Elizabeth Maher Muoio.

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2412685373
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp