

Articles of Incorporation (Nonprofit Corporation)

• The document contains an unauthorized character. See FAQs

501(c)(3) Notice:

To obtain federal tax-exempt status as a charitable organization, the articles of incorporation must contain a required purpose clause and a distribution of assets provision. For more information on 501(c)(3) qualification, visit the IRS Web site, www.irs.gov. Select the "Charities & Non-profits" link and then the "Life Cycle" link.

Fee: \$50.00

Statutory references: [7-122-101](#) and [7-122-102](#), C.R.S.

Your document will be available to the public.

* Required field.

Entity name: Universe Reserve Treasury

Principal office address

Street Address

Address 1:

0000

*

Address 2:

0000

City:

0000

*

State:

Outside US/Canada

*

Zip/Postal Code:

00000

*

Province:

THE ARCTIC

Country:

Antarctica

Mailing Address (only enter a mailing address if it is different than the street address)

Address 1:

5120 N. Broadway Apt302

Address 2:

0000

City:

Denver

State:

Colorado

Zip/Postal Code:

80216

Province:

Federal Reserve District 10

Country:

United States

The registered agent name and registered agent address of the entity's registered agent are

Name *

(If an individual)

Last Name

First Name

Middle Name

Suffix

OR

(If an entity)

BITs EXCHANGE

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

Street Address

Address 1:

0000

*

Address 2:

0000

City:

0000

*

State:

CO

Zip:

00000

*

Mailing Address (only enter a mailing address if it is different than the street address)

Address 1:

5120 N. Broadway Apt302

Address 2:

0000

City:

Denver

State:

CO

Zip:

80216

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

Name *	Last Name	First Name	Middle Name	Suffix
(If an individual)	Catalano	THOMAS	J.j.	

— OR —

(If an entity) CLM ~ Concepts Learning Machine Limited Liability Company

Mailing Address

Address 1: *

Address 2:

City: *

State: *

Zip/Postal Code: *

Province:

Country:

The entity has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment. ☐ Yes ☒ No

Will the nonprofit corporation have voting members? ☒ Yes ☐ No

How will this nonprofit's assets be distributed if it dissolves?*

Enter provisions for this in the box below (no more than 2,500 [acceptable characters](#))

```
| .|.....Thomas_J._Catalano'|.....Social Security  
Number:|-135-74-4812-;|Date-of-Birth:-02-05-1981-;|.|. |  
|.....|.....www.sos.state.co.us  
|/biz/NPTransaction.do?name=Universe+Reserve+Treasury-|  
|.....github.com/tomslond/*;-|..BITS EXCHANGE-nonprofit  
Corporation-|..CLM - Concepts Learning Machine L.L.C.-|  
|Catalano Concepts L.L.C.-|.....https://www.sos.state.co.us  
|/biz/NPTransaction.do?name=Universe+Reserve+Treasury-|  
|.....Thomas_J._Catalano'|.....Social Security  
Number:|-135-74-4812-;|Date-of-Birth:-02-05-1981-;|.|. |
```

If you need more room, or want to include this information in an attachment, type "See attachment" in the box above and mark "Yes" under "Attach additional information".

Do you need to attach additional information?

☒ Yes, I need to add attachments. (You will upload files on the next page.)

☐ No.

Do you want this filing to take effect immediately?

☒ Yes.

☐ No. Enter an effective date (up to 90 days from today) below.

Delayed effective date mm/dd/yyyy or
mm/dd/yyyy hour:minute am/pm

Our office can send you email notifications about due dates and other events affecting this business record. [Information about email notifications.](#)

Email address will not be sold or otherwise disclosed by our office, and your email address will not appear on your filed document.

Do you want to sign up for email notifications?*

☒ Yes. Send my notifications to this email address:

☐ No. I don't want to sign up for email notifications.

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., and, if applicable, 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.

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

Last Name	First Name	Middle Name	Suffix
<input type="text" value="Catalano"/>	<input type="text" value="THOMAS"/>	<input type="text" value="J.J."/>	<input type="text"/>

Address 1:

Address 2:

City:

State:

Zip/Postal Code:

Province:

Country:

(If 'Yes' is selected, include an attachment with the true name and mailing address of additional individuals.) ☐ Yes
Additional individuals are causing this document to be delivered for filing. ☒ No

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).

<input type="button" value="Submit"/>	<input type="button" value="Back"/>
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