



Colorado
Secretary of State
Jena Griswold



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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: *

Address 2:

City: *

State: *

Zip/Postal Code: *

Province:

Country:

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

Address 1:

Address 2:

City:

State:

Zip/Postal Code:

Province:

Country:

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

Name * Last Name First Name Middle Name Suffix
(If an individual)

OR

(If an entity)

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

Street Address

Address 1: *

Address 2:

City: *

State:

Zip: *

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

Address 1:

Address 2:

City:

State:

Zip:

(Caution: The registered agent MUST consent to being appointed as the registered agent.)
(The following statement is adopted by marking the box.)

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

The true name and mailing address of the incorporator are:

Name * Last Name First Name Middle Name Suffix
(If an individual)

OR

(If an entity)

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

Mailing Address

Address 1: *
Address 2:
City: *
State: *
Zip/Postal Code: *
Province:
Country:

(If "Yes" is selected, include an attachment with the appropriate information.)

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

Distribution of assets

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-':::|.
|.https://www.sos.state.co.us
/biz/NPTransaction.do?name=Universe+Reserve+Treasury|.
|.*/github.com/tomsnode/*|.|.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".

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.

Delayed Effective Date

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

Email Address

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.

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., 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
Catalano *	THOMAS *	.J.J.	

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

(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).

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