

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.

Street address

Colorado Secretary of State

Date and Time: 10/22/2018 07:07 PM

ID Number: 20181824229

Document number: 20181824229

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

NGO Labs

(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.)

14940 E 50th Dr

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

	Denver	CO	80239		
	(City)	United S	(State) (ZIP/Postal Cod Jnited States		
	(Province – if applicable)	(Country	y)		
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Co	(ZIP/Postal Code)	
	(Province – if applicable)	(Country	·)		
3. The registered agent name and register agent are	ered agent address of the lin	nited liability com	npany's initial reg	istered	
Name (if an individual)	Lopez	Mayra	Darlene		
Name (if an individual) or	Lopez (Last)	Mayra (First)	Darlene (Middle)	(Suffix	
(if an individual)	(Last)			(Suffix	
(if an individual) or (if an entity)	(Last)			(Suffix	
(if an individual) or (if an entity) (Caution: Do not provide both an indiv	(Last) ridual and an entity name.) 14940 E 50th Dr			(Suffix	
(if an individual) or (if an entity) (Caution: Do not provide both an indiv	(Last) ridual and an entity name.) 14940 E 50th Dr	(First)		(Suffix	
(if an individual) or (if an entity) (Caution: Do not provide both an indiv	idual and an entity name.) 14940 E 50th Dr (Str	(First)	(Middle)	(Suffix	

4. The true name and mailing addr	ress of the person forming the lim	nited liability cor	npany are	
Name	1 0007	Mayra	Darlene	
(if an individual)	Lopez (Last)	(First)	(Middle)	— (Suffi.
or				
(if an entity) (Caution: Do not provide both an	n individual and an entity name.)			
Mailing address	14940 E 50th Dr			
-	(Street number	and name or Post Of	fice Box information)	
	Denver	CO	80239	
	(City)	United S	(ZIP/Postal C	ode)
The limited liability com company and the name a	(City) (Province – if applicable) s, adopt the statement by marking the box opany has one or more additional and mailing address of each such	(Countrand include an attacher persons forming	States . "y) ment.) the limited liabili	ty
The limited liability com company and the name a	(City) (Province – if applicable) s, adopt the statement by marking the box opany has one or more additional and mailing address of each such	(Countrand include an attacher persons forming	States . "y) ment.) the limited liabili	ty
The limited liability comcompany and the name as 5. The management of the limited (Mark the applicable box.) one or more managers. or the members. 6. (The following statement is adopted by mark)	(City) (Province – if applicable) s, adopt the statement by marking the box opany has one or more additional and mailing address of each such liability company is vested in	United S (Countream) and include an attache persons forming person are stated	States . "y) ment.) the limited liabili	ty
The limited liability common company and the name as 5. The management of the limited (Mark the applicable box.) one or more managers. or the members. 6. (The following statement is adopted by maximum to the following statement applies, adopt to the following statement applies adopt the following statement applies adopt the following statement applies adopt the following statement app	(City) (Province – if applicable) s, adopt the statement by marking the box opany has one or more additional and mailing address of each such liability company is vested in arking the box.) or of the limited liability company	United S (Country and include an attachy persons forming person are stated	States . "y) ment.) the limited liabili	ty
The limited liability common company and the name as 5. The management of the limited (Mark the applicable box.) one or more managers. or the members. 6. (The following statement is adopted by maximum of the following statement applies, adopt to the following statement applies adopt to the following statement applies adopt to the following statement applies adopt the followi	(City) (Province – if applicable) is, adopt the statement by marking the box of pany has one or more additional and mailing address of each such liability company is vested in arking the box.) It of the limited liability company the statement by marking the box and includitional information as provided but the does not have a delayed effective does	United S (Country and include an attach persons forming person are stated y. de an attachment.) by law.	States (y) (ment.) (the limited liability d in an attachmenty	ty

(City)

(ZIP Code)

(State)

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

	Lopez	Mayra	Darlene		
	14940 E 50th Dr	(First)	(Middle)	(Suffix	
	(Street number and name or Post Office Box information)				
	Denver	CO	80239		
	(City)	United S	(ZIP/Postal C	'ode)	
	(Province – if applicable) (Country)		ry)		
(If the following statement applies, ado	ot the statement by marking the box and	d include an attachm	ent.)		
This document contains the true	ue name and mailing address of	of one or more a	additional individu	als	
causing the document to be do	elivered 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).