

New

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Incorporation

with Document # 20171737506 of
Belle Terre Property Owners Association, Inc.

Colorado Nonprofit Corporation

(Entity ID # 20171737506)

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/14/2019 that have been posted, and by documents delivered to this office electronically through 01/15/2019@ 14:44:22.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/15/2019 @ 14:44:22 in accordance with applicable law. This certificate is assigned Confirmation Number 11330486



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
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Colorado Secretary of State
 Date and Time: 09/28/2017 01:52 PM
 ID Number: 20171737506
 Document number: 20171737506
 Amount Paid: \$50.00

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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Nonprofit Corporation
 filed pursuant to § 7-122-101 and § 7-122-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the nonprofit corporation is Belle Terre Property Owners Association, Inc.
(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the nonprofit corporation's initial principal office is

Street address 175 Main Street
(Street number and name)

Suite C-109

Edwards CO 81632
(City) (State) (ZIP/Postal Code)

United States
(Province - if applicable) (Country)

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 nonprofit corporation's initial registered agent are

Name
 (if an individual)

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

OR

(if an entity) Stovall Associates, PC
(Caution: Do not provide both an individual and an entity name.)

Street address 175 Main Street
(Street number and name)

Suite C-109

Edwards CO 81632
(City) (State) (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 above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name

(if an individual)

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

OR

(if an entity)

Stovall Associates, PC

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

Mailing address

175 Main Street

(Street number and name or Post Office Box information)

Suite C-109

Edwards CO 81632
(City) *(State)* *(ZIP/Postal Code)*

(Province - if applicable) United States _____
(Country)

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

The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. *(If the following statement applies, adopt the statement by marking the box.)*

The nonprofit corporation will have voting members.

6. Provisions regarding the distribution of assets on dissolution:

To the Members proportioned to their membership interests.

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)

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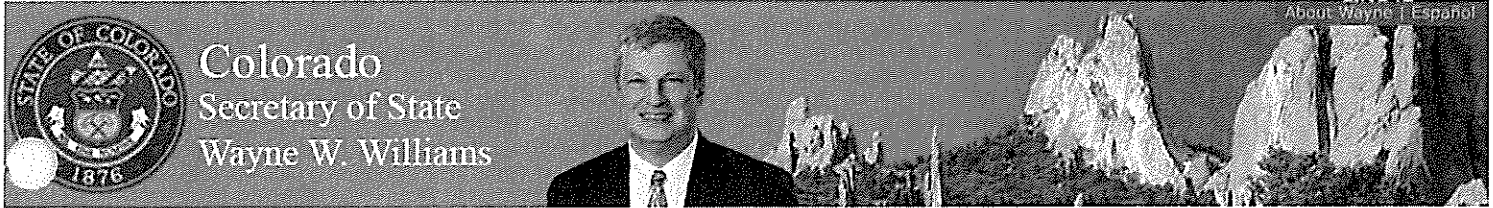
Bechard	Jessica		
(Last)	(First)	(Middle)	(Suffix)
175 Main Street			
(Street number and name or Post Office Box information)			
Suite C-109			
Edwards	CO	81632	
(City)	(State)	(ZIP/Postal Code)	
	United States		
(Province -- if applicable)	(Country)		

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

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Summary

Details			
Name	Belle Terre Property Owners Association, Inc.		
Status	Good Standing	Formation date	09/28/2017
ID number	20171737506	Form	Nonprofit Corporation
Periodic report month	September	Jurisdiction	Colorado
Principal office street address	175 Main Street, Suite C-109, Edwards, CO 81632, United States		
Principal office mailing address	n/a		

Registered Agent	
Name	Stovall Associates, PC
Street address	175 Main Street, Suite C-109, Edwards, CO 81632, United States
Mailing address	n/a

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