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Business Division
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20041304512 11
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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Nonprofit Corporation
filed pursuant to §7-90-301, et seq. and §7-122-101 of the Colorado Revised Statutes (C.R.S)

1. Entity name:

Triangle Park Lofts Owners Association

*(The name of a nonprofit corporation may, but need not, contain the term or abbreviation
"corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "hd."
§7-90-601, C.R.S.)*

2. Use of Restricted Words *(if any of these
terms are contained in an entity name, true
name of an entity, trade name or trademark
stated in this document, make the applicable
selection):*

"bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

701 E. Valley Road

(Street name and number)

Suite 201

Basalt

CO

81621

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

4. Principal office mailing address:
(if different from above)

P.O. Box 2239

(Street name and number or Post Office Box information)

Basalt

CO

81621

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

5. Registered agent: (if an individual):

OR (if a business organization):

Lipkin

Michael

(Last)

(First)

(Middle)

(Suffix)

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

701 E. Valley Road

(Street name and number)

Suite 201

Basalt

CO

81621

8. Registered agent mailing address: (if different from above)	(City) P.O. Box 2239 <i>(Street name and number or Post Office Box information)</i>	(State) CO <i>(Postal/Zip Code)</i>
	Basalt (City)	81621 (State) <i>(Postal/Zip Code)</i>
	(Province – if applicable) (Country – if not US)	

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

10. (Optional) Delayed effective date: _____
(mm/dd/yy/mz)

P.O. Box 2239
(Street name and number or Post Office Box information)

Basalt (City)	CO (State)	81621 (Postal/Zip Code)
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(Province - if applicable) (Country - if not US)

(if an individual) _____ (Last) _____ (First) _____ (Middle) _____ (Suffix)
OR (if a business organization) _____

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not U.S.)

(If an individual) _____ (Last) _____ (First) _____ (Middle) _____ (Suffix)
OR (if a business organization) _____

(City)	(State)	(Postal/Zip Code)
(Province – if applicable) (Country – if not US)		

(If more than three incorporators, mark this box and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.
13. The corporation will OR will not have voting members.
14. A description of the distribution of assets upon dissolution is attached.
15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box and include an attachment stating the additional information.

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.

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(Last)	(First)	(Middle)
P.O. Box 931		
(Street name and number or Post Office Box information)		
Glenwood Springs	CO	81602
(City)	(State)	(Postal/Zip Code)

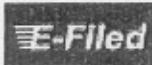
(Province – if applicable) (Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form 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. Questions should be addressed to the user's attorney.

The provisions not inconsistent with law regarding the distribution of assets on dissolution are as follows: Upon dissolution, the assets of the corporation shall be applied and distributed in the manner provided by law for nonprofit corporations. The executive board shall adopt a resolution recommending a plan of distribution and directing the submission thereof to a vote at a meeting of members entitled to vote thereon, which may be either an annual or special meeting. Such plan of distribution shall be adopted upon receiving at least two-thirds (2/3) of the votes which the members present at the meeting or represented by proxy are entitled to cast. Any corporate assets, or proceeds in liquidation of such assets shall be distributed equally among the units. The ownership of any common facilities which serve more than one unit shall be allocated equally among the units served thereby. The share to which each unit is entitled shall be distributed to the owner of that unit. If a unit is owned by multiple parties, the equal distributive share to which the unit is entitled shall be distributed in its entirety to the several owners who shall determine the apportionment of such share as among themselves.



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Colorado Secretary of State
Date and Time: 07/26/2004 09:46 AM
Entity Id: 20041261143
Document number: 20041261147

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Articles of Organization

filed pursuant to 7-90-301, et seq. and §7-80-204 of the Colorado Revised Statutes (C.R.S)

1. Entity name:

Triangle Park Lofts LLC

(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", "llc", "l.l.c.", or "ltd." §7-90-601, C.R.S.)

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, make the applicable selection):*

"bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

701 E. Valley Road
(Street name and number)
Suite 201
Basalt CO 81621
(City) (State) (Postal/Zip Code)
United States
(Province - if applicable) (Country - if not US)

4. Principal office mailing address
(if different from above):

PO Box 2239
(Street name and number or Post Office Box information)
Basalt CO 81621
(City) (State) (Postal/Zip Code)
United States
(Province - if applicable) (Country - if not US)

5. Registered agent name (if an individual):

Lipkin Michael
(Last) (First) (Middle) (Suffix)

OR (if a business organization):

6. The person identified above as registered agent has consented to being so appointed.

7. Registered agent street address:

701 E. Valley Road
(Street name and number)
Suite 201
Basalt CO 81621

8. Registered agent mailing address
(if different from above):

PO Box 2239
(City) (State) (Postal/Zip Code)

Basalt CO 81621
(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

9. Name(s) and mailing address(es)
of person(s) forming the limited
liability company:

(if an individual): Lipkin Michael
(Last) (First) (Middle) (Suffix)

OR (if a business organization):

PO Box 2239
(Street name and number or Post Office Box information)

Basalt CO 81621
(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

(if an individual) _____
(Last) (First) (Middle) (Suffix)

OR (if a business organization):

(Street name and number or Post Office Box information)

CO
(City) (State) (Postal/Zip Code)

United States
(Province - if applicable) (Country - if not US)

(if an individual) _____
(Last) (First) (Middle) (Suffix)

OR (if a business organization):

(Street name and number or Post Office Box information)

CO
(City) (State) (Postal/Zip Code)

United States
(Province - if applicable) (Country - if not US)

(If more than three persons are forming the limited liability company, mark this box and include an attachment stating the true
names and mailing addresses of all additional persons forming the limited liability company)

10. The management of the limited liability company is vested in managers OR is vested in the members .

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

12. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

13. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box and include an attachment stating the additional information.

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Goluba	Neil	W
PO Box 931 ^(Last)	(First)	(Middle)
(Street name and number or Post Office Box information)		
Glenwood Springs ^(City)	CO ^(State)	81602 ^(Postal/Zip Code)
(Province - if applicable) United States (Country - if not US)		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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