



Colorado Secretary of State  
 Date and Time: 01/17/2005 02:04 PM  
 Entity Id: 20051025430  
 Document number: 20051025430

Document Processing Fee  
 If document is on paper: \$50.00  
 If document is filed electronically: \$ .99

Fees are subject to change  
 For electronic filing and to obtain  
 copies of filed documents visit  
[www.sos.state.co.us](http://www.sos.state.co.us)

Deliver paper documents to:  
 Colorado Secretary of State  
 Business Division  
 1560 Broadway, Suite 200  
 Denver, CO 80202-5169

Paper documents must be typed or machine printed

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:

Mason Street North Commercial Condominium Association

*(The name of a nonprofit corporation may, but need not, contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." 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:

4676 Broadway

*(Street name and number)*

Boulder

*(City)*

CO

*(State)*

80304

*(Postal/Zip Code)*

United States

*(Province - if applicable)*

*(Country - if not US)*

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

*(Street name and number or Post Office Box information)*

*(City)*

*(State)*

*(Postal/Zip Code)*

*(Province - if applicable)*

*(Country - if not US)*

5. Registered agent: (if an individual):

Leach

*(Last)*

James

*(First)*

W.

*(Middle)*

*(Suffix)*

OR (if a business organization):

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

7. Registered agent street address:

4676 Broadway

*(Street name and number)*

Boulder

*(City)*

CO

*(State)*

80304

*(Postal/Zip Code)*

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

(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(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:

\_\_\_\_\_  
(mm/dd/yyyy)

10. (Optional) Delayed effective date:

\_\_\_\_\_  
(mm/dd/yyyy)

11. Name(s) and address(es) of incorporator(s): (if an individual):

**Leach** **James** **W.**  
\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization):

**4676 Broadway**  
\_\_\_\_\_  
(Street name and number or Post Office Box information)

**Boulder** **CO** **80304**  
\_\_\_\_\_  
(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)

(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)  
**United States**

(if an individual)

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

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


---

*(Province – if applicable)*
**United States**
  
*(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.

- 16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Leach	James	W.
<small><i>(Last)</i></small>	<small><i>(First)</i></small>	<small><i>(Middle)</i></small>
4676 Broadway		
<small><i>(Street name and number or Post Office Box information)</i></small>		
Boulder	CO	80304
<small><i>(City)</i></small>	<small><i>(State)</i></small>	<small><i>(Postal/Zip Code)</i></small>
	<b>United States</b>	
<small><i>(Province – if applicable)</i></small>	<small><i>(Country – if not US)</i></small>	

*(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.

## **NOTICE:**

*This "image" is merely a display of information that was filed electronically. It is not an image that was created by optically scanning a paper document.*

*No such paper document was filed. Consequently, no copy of a paper document is available regarding this document.*

*Questions? Contact the Business Division. For contact information, please visit the Secretary of State's web site.*

## Click the following links to view attachments

Attachment 1  
Distribution of assets

ATTACHMENT

Articles of Incorporation for a Nonprofit Corporation of:

MASON STREET NORTH COMMERCIAL CONDOMINIUM ASSOCIATION

14. The distribution of assets on dissolution will be governed by the applicable provisions of the Condominium Declaration of Mason Street North Commercial Condominiums, the Bylaws of Mason Street North Commercial Condominium Association and C.R.S. § 38-33.3-218.



**For this Record...**

- [Cert of Good Standing](#)
- [File Document](#)
- [Email Notification](#)
- [History & Documents](#)

---

- [Business Home](#)
- [Business Information](#)
- [Business Search](#)

---

- [FAQs](#)
- [Glossary](#)

## Information On File

ID Number: 20051025430

Name: Mason Street North Commercial Condominium Association

---

Registered Agent: James W. Leach

Registered Agent Street Address: 4676 Broadway, Boulder, CO 80304, United St.

Registered Agent Mailing Address:

---

Principal Office Street Address: 4676 Broadway, Boulder, CO 80304, United St.

Principal Office Mailing Address:

---

Status: Good Standing

Form: Nonprofit Corporation

Jurisdiction: Colorado

Formation Date: 01/17/2005

Term of Duration: Perpetual

Annual Report Month: January

**You may:**

- [View History and Documents](#)
- [Obtain Certificate of Good Standing](#)
- [File a Document](#)
- [Set Up Email Notification](#)

[Previous Page](#)

Business Center: 303 894 2200 • Fax: 303 869 4864 • Forms fax back: 303 860 6975 • e-mail: [sos.business@sos.state.co.us](mailto:sos.business@sos.state.co.us)

[Search](#) | [Contact us](#) | [Privacy statement](#) | [Terms of use](#)

