Document must be filed electronically.
Paper documents are not accepted.
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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.)

. The domestic entity name for the nonprofit corporation is	Superheroes 4 Charity				
(Caution: The use of certain terms or abbre	viations are restricted by	law. Read instructions fo	r more information.)		
. The principal office address of the nor	profit corporation's i	nitial principal office i	S		
Street address	1437 North Denver Ave				
	(Street number and name) #328				
	Loveland CO		80538		
	(City)	(State) United S	(ZIP/Postal Code)		
	(Province – if appli				
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 appli	cable) (Country	y) ·		
. The registered agent name and registe are	red agent address of t	ne nonprofit corporation	on's initial registered agen		
Name	Bias	Donny			
(if an individual)	(Last)	<u>Danny</u> (First)	(Middle) (Suffix)		
OR					
(if an entity) (Caution: Do not provide both an indivi	idual and an entity name.)			
Street address	1437 North Denver Ave				
	#328	(Street number and name)		
	Loveland	CO	80538		
	(City)	(State)	(ZIP Code)		

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	CO				
	(City)	(State)	(ZIP Code)		
The person appointed as registered.	l agent above has cons	sented to being so app	oointed.		
he true name and mailing address of	the incorporator are				
Name (if an individual)	Bias	Danny			
	(Last)	(First)	(Middle)	(Suffix)	
OR					
(if an entity) (Caution: Do not provide both an indivi	dual and an entity name.)				
Mailing address	1437 North Denv	ver Ave			
	(Street number and name or Post Office Box information) #328				
	Loveland	CO	80538		
	(City)	(State)	(ZIP/Postal Co	ode)	
	(Province – if applie	cable) United S			
The corporation has one or more additional incorporator are stated the following statement applies, adopt the stated. The nonprofit corporation will have rovisions regarding the distributer.	ment by marking the box.) we voting members.		d mailing address	of each	
The organization must settle all outstan in its charter. Donate any remaining fun organization, or to the federal government organization officially vote for dissolution can move to close and terminate the burroup your nonprofit and declares it dissoluted to the fiscal year that you are terminating this is your final tax return. File the paparticles of dissolution and plans to liquic that your nonprofit dissolution is complete supplement filings are required.	ads to another organizatent. Vote for Dissolution of the corporation. If rusiness of the nonprofit. Wed for tax purposes. If ere are three Form 990 ng (dissolving), determine two with your form state or merge your nonget.	tion that has a similar nown. 501(c)(3) dissolution voting members existile form 990. This is signal to the form, options, the amount of the swhich form you need the lRS will want approfit Check with the A	nission to i ts own, n involves having y st in your nonprofit, the official IRS form the IRS may contint f assets and your g ted. The IRS needs a certificated copy of ttorney General to i	a charitab our nonpr the board that wrap nue to ross earni to know to f your make sure	

This document contains addition	onal information as provide	ed by law.			
8. (Caution: <u>Leave blank</u> if the document a significant legal consequences. Read ins			ed effective date has		
(If the following statement applies, adopt the The delayed effective date and, if a			e required format.)		
,,,,			/dd/yyyy hour:minute c	am/pm)	
Notice:					
acknowledgment of each individual coundividual's act and deed, or that the inperson on whose behalf the individual with the requirements of part 3 of artistatutes, and that the individual in good document complies with the requirement. This perjury notice applies to each incomplete, whether or not such individual in 9. The true name and mailing address	ndividual in good faith bel l is causing the document cle 90 of title 7, C.R.S., th od faith believes the facts s tents of that Part, the const dividual who causes this d is named in the document	ieves the document it to be delivered for file constituent document atted in the document document, are ocument to be delive as one who has cause	is the act and deed ling, taken in con- ents, and the orga- nt are true and the ad the organic state ared to the Secreta- ed it to be deliver	d of the formity nic tutes.	
	Bias	Danny			
	1437 North Denv	er Ave	(Middle)	(Suffix)	
	(Street number and name or Post Office Box information) #328				
	Loveland	CO_	80538		
	(City)	(State) United S	(ZIP/Postal C	ode)	
	(Province – if applica	able) (Country	v)		
(If the following statement applies, ado					

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

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).