OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENTS FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached documents are true and complete copies of all documents relating to:

Sweet Grass Business Solutions, LLC, Delinquent August 1, 2016

Colorado Limited Liability Company

(Entity ID # 20151227991)

consisting of 3 pages as filed in this office.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/02/2019 that have been posted, and by documents delivered to this office electronically through 01/04/2019 @ 09:23:26.

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 01/04/2019 @ 09:23:26 in accordance with applicable law. This certificate is assigned Confirmation Number 11308399



Williams

Secretary of State of the State of Colorado



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. Colorado Secretary of State Date and Time: 03/31/2015 03:06 PM ID Number: 20151227991

Document number: 20151227991 Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Sweet Grass Business Solutions, 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", "l.l.c.", "ltc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

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

Street address

3838 N Franklin St

	(Street number and name)		
	Denver	CO 80	205
	(City)	United States	(ZIP/Postal Code)
	(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 limited liability company's initial registered agent are

Name (if an individual)	Foster	Red		
or	(Last)	(First)	(Middle)	(Suffix)
(if an entity) (Caution: Do not provide both an individ	dual and an entity name)		
Street address	3838 N Franklin St N Franklin St (Street number and name)			
	Denver (City)	<u>CO</u> (State)	80205 (ZIP Code)	
Mailing address (leave blank if same as street address)	(Street num	nber and name or Post Office I	Box information)	

	CO		
(City)	(State)	(ZIP Code)	

(The following statement is adopted by marking the box.)

 \checkmark The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name (if an individual)	Foster	Red	Dawn	
	(Last)	(First)	(Middle)	(Suffix)
or				
(if an entity) (Caution: Do not provide both an individ	lual and an entity name.)			
Mailing address	3838 N Franklin St			
-	(Street number	and name or Post Offi	ce Box information)	
	Denver	CO	80205	
	(City)	United S	(ZIP/Postal Co	ode)
	(Province – if applicable)			
 The limited liability company h company and the name and main for the limited liability (Mark the applicable box.) one or more managers. or the members. 	iling address of each such			y
6. (<i>The following statement is adopted by marking the</i> There is at least one member of the		у.		
7. (If the following statement applies, adopt the statement applies, adopt the statement contains additional				
8. (Caution: Leave blank if the document does significant legal consequences. Read instruct		ate. Stating a delaye	d effective date has	

(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)

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.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

Foster	Red		
(Last)	(First)	(Middle)	(Suffix)
Denver	CO	fice Box information) 80205	
(City)	United St	(ZIP/Postal C	ode)

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

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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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).