

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 Dissolution

with Document # 20201784940 of
CASTLE PINES NORTH ASSOCIATION, INC., Dissolved September 10, 2020

Colorado Nonprofit Corporation

(Entity ID # 19991000068)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/09/2020 that have been posted, and by documents delivered to this office electronically through 09/10/2020 @ 11:39:08.

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 09/10/2020 @ 11:39:08 in accordance with applicable law. This certificate is assigned Confirmation Number 12587428.



A handwritten signature in blue ink that reads "Jena Griswold".

Secretary of State of the State of Colorado

*****End of Certificate*****
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Colorado Secretary of State
 Date and Time: 09/10/2020 11:34 AM
 ID Number: 19991000068
 Document number: 20201784940
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**Articles of Dissolution
 Nonprofit Corporation**

Filed pursuant to §7-134-103 of the Colorado Revised Statutes (C.R.S)

ID number: 19991000068

1. Entity name: CASTLE PINES NORTH ASSOCIATION, INC.

2. Principal office address:

Street address 12471 Ventana Mesa Cir
(Street number and name)

Castle Pines CO 80108
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)

Mailing address
 (leave blank if same as above)
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

3. The nonprofit corporation is dissolved.

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

5. This document contains additional information as provided by law.

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

Foley-Healy Molly A.
(Last) *(First)* *(Middle)* *(Suffix)*

8020 Shaffer Parkway, Suite 300
(Street name and number or Post Office Box information)

Littleton CO 80127
(City) *(State)* *(Postal/Zip Code)*

United States
(Province – if applicable) *(Country – if not US)*

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