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.)

1. The domestic entity name for the nonprofit corporation is National Association for Premenstrual Dysphoric Disorder (NAPMDD).
   (Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the nonprofit corporation’s initial principal office is

   Street address   1937 S Grant St
   (Street number and name)

   Denver     CO     80210
   (City)     (State)     (ZIP/Postal Code)

   United States
   (Province – if applicable)     (Country)

   Mailing address
   (leave blank if same as street address)

   Street address   1937 S Grant St
   (Street number and name or Post Office Box information)

   Denver     CO     80210
   (City)     (State)     (ZIP/Postal Code)

   United States
   (Province – if applicable)     (Country)

3. The registered agent name and registered agent address of the nonprofit corporation’s initial registered agent are

   Name
   (if an individual)   LaFleur     Amanda
   (Last)     (First)     (Middle)     (Suffix)

   OR

   (if an entity)
   (Caution: Do not provide both an individual and an entity name.)

   Street address   1937 S Grant St
   (Street number and name)

   Denver     CO     80210
   (City)     (State)     (ZIP Code)
The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name
(if an individual)

LaFleur Amanda
(Last) (First)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Mailing address

1937 S Grant St

Denver CO 80210
(City) (State) (ZIP/Postal Code)

United States

(Province – if applicable) (Country)

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

The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. (If the following statement applies, adopt the statement by marking the box.)

The nonprofit corporation will have voting members.

6. Provisions regarding the distribution of assets on dissolution:

Funds will be donated to an appropriate organization that also currently supports PMDD awareness and research.
7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(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

LaFleur Amanda

_Last_ _First_ _Middle_ _Suffix_

1937 S Grant St

_Street number and name or Post Office Box information_

Denver CO 80210

_City_ _State_ _ZIP/Postal Code_

United States

_Province – if applicable_ _Country_

(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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