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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Profit Corporation

filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

Document must be filed electronically.

For more information or to print copies

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Paper documents are not accepted. Fees & forms are subject to change.

The Splish Network, Inc.

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

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

Street address	739 Lagoon Drive				
	(Str	(Street number and name)			
	Frisco	CO	80443		
	(City)	(State) United S			
	(Province – if applicable)	(Countr	(V1		
Mailing address	P.O. Box 2922				
(leave blank if same as street address)	(Street number and name or Post Office Box information)		Box information)		
	Frisco	CO	80443		
	(City)	(State) United S	(ZIP/Postal Code) tates .		
	(Province – if applicable)	(Countr			
e registered agent name and register Name (if an individual)	Walsh	Matt			
(if an individual)	-	-	l registered agent are		
Name (if an individual) or	Walsh	Matt			
Name (if an individual) or (if an entity)	Walsh (Last)	Matt			
Name (if an individual) or	Walsh (Last) dual and an entity name.) 739 Lagoon Drive	<u>Matt</u> (First)	(Middle) (
Name (if an individual) or (if an entity) (Caution: Do not provide both an individ	Walsh (Last) dual and an entity name.) 739 Lagoon Drive	Matt	(Middle) (
Name (if an individual) or (if an entity) (Caution: Do not provide both an individ	Walsh (Last) dual and an entity name.) 739 Lagoon Drive	<u>Matt</u> (First)	(Middle) (
Name (if an individual) or (if an entity) (Caution: Do not provide both an individ	Walsh (Last) dual and an entity name.) 739 Lagoon Drive (Str	Matt (First)	(Middle) (
Name (if an individual) or (if an entity) (<i>Caution: Do not provide both an individ</i> Street address Mailing address	Walsh (Last) dual and an entity name.) 739 Lagoon Drive (Str Frisco (City)	Matt (First)	(Middle) ((
Name (if an individual) or (if an entity) (Caution: Do not provide both an individ Street address	Walsh (Last) dual and an entity name.) 739 Lagoon Drive (Str Frisco (City)	_ Matt (First) reet number and name, 	(Middle) ((
Name (if an individual) or (if an entity) (<i>Caution: Do not provide both an individ</i> Street address Mailing address	Walsh (Last) dual and an entity name.) 739 Lagoon Drive (Str Frisco (City)	Matt (First)	(Middle) ((

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

X 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)	Walsh	Matt			
	(Last)	(First)	(Middle)	(Suffix)	
or					
(if an entity)					
(Caution: Do not provide both a	n individual and an entity name.)				
Mailing address	P.O. Box 2922				
-	(Street number and name or Post Office Box information)				
	Frisco	CO	80443		
	(City)	(State)	(ZIP/Postal C	ode)	
		CO United States .			
	(Province – if applicable)	(Country	v)		

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

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

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

• The corporation is authorized to issue <u>11,000,000</u> common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

O Information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

6. (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.

7. (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)

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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.

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

Estill	Scott		
(Last)	(First)	(Middle)	(Suffix)
PO Box 274			
(Street number of	and name or Post Office	Box information)	
Morrison	CO 8	30465	
Morrison (City)	$\frac{\text{CO}}{(State)}$ 8	30465 (ZIP/Postal Co	ode)
		(ZIP/Postal Co	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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