

Secretary of State Business Programs Division

Business Entities 1500 11th Street, Sacramento, CA 95814 P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority.
 For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

| First Name: | Last Name: | | | | | | |
|----------------------------------------------------|------------|--|--|--|--|--|--|
| Phone Number: | Email: | | | | | | |
| Entity Information (Please type or print legibly): | | | | | | | |
| Entity Name: | | | | | | | |
| Entity Number (if applicable): | | | | | | | |
| Comments: | | | | | | | |
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LLC-1A (REV 11/2023)

Limited Liability Company Articles of Organization - Conversion

This Space For Filing Use Only

2023 California Secretary of State

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| Co | onverted Entity Information | | | | | | | |
| 1. | Name of Limited Liability Company (The Limited and Company may be abbreviated | | ited Liability (| Company or the abbre | eviations LLC or | L.L.C. The words | | |
| 2. | | e purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized der the California Revised Uniform Limited Liability Company Act. | | | | | | |
| 3. | The limited liability company will be manage | ged by (check only one): | | | | | | |
| One Manager More Than One Manager All Limited L | | | All Limited Lia | ability Company Member(s) | | | | |
| 4. | Initial Street Address of Limited Liability Con | npany's Principal Office | | City | State | Zip Code | | |
| 5. | Initial Mailing Address of Limited Liability Co | ompany, if different from Item 4 | | City | State | Zip Code | | |
| 6. | Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file. | | | | | | | |
| | a. Name of Agent For Service of Process | | | | | | | |
| | b. If an individual, Street Address of Ager | nt for Service of Process - Do not | list a P.O. Bo | x City | State CA | Zip Code | | |
| | c. If an individual, Mailing Address of Age | nt for Service of Process | | City | State | Zip Code | | |
| Cc | onverting Entity Information | | | | | | | |
| | Name of Converting Entity | | | | | | | |
| 8. | Form of Entity | 9. Jurisdiction | | 10. CA Secretary of | State Entity Nu | mber, if any | | |
| 11 | 1. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class: | | | | | | | |
| | The class and number of outstanding interests entitled to vote. AND The percentage vote required of each class | | | | | f each class. | | |
| Δα | dditional Information | | | | | | | |
| | 2. Additional information set forth on the attac | ched pages, if any, is incorporated | herein by thi | is reference and mad | e part of this cer | tificate. | | |
| 13 | s. I certify under penalty of perjury that the execution is my act and deed. | contents of this document are tru | e. I declare | I am the person who | executed this i | nstrument, which | | |
| | Signature of Authorized Person | | Type or Print | Name and Title of Au | ithorized Person | | | |
| Signature of Authorized Person Type or Print Name and Title of Authorized Person | | | | | | | | |