

Business Entities Submission Cover Sheet

For fastest service, file online at <u>bizfileOnline.sos.ca.gov</u>.

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 <u>www.sos.ca.gov/business/be/processing-dates</u>.
- 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:						

			LLC-1A	File #				
		California y of State		_				
	Limited Liabilit Articles of Organiza							
_				This Space	ce For Filing Use	Only		
 Converted Entity Information Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.) 								
2.	 The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act. 							
3.	The limited liability company will be manag	ed by (check only one):						
	One Manager More Than One Manager			All Limited Liability Company Member(s)				
4. I	Initial Street Address of Limited Liability Com	npany's Principal Office		City	State	Zip Code		
5.	Initial Mailing Address of Limited Liability Co	ompany, if different from Item 4	ŀ	City	State	Zip Code		
6.	5. 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 Agent for Service of Process - Do not list a P.O. I		not list a P.O. B	ox City	State CA	Zip Code			
	c. If an individual, Mailing Address of Age	nt for Service of Process		City	State	Zip Code		
Converting Entity Information								
7.	Name of Converting Entity							
8.	Form of Entity	9. Jurisdiction		10. CA Secretary of State Entity Number, if any				
11.	 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.							
Additional Information								
12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.								
13.	13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.							
	Signature of Authorized Person		Type or Print Name and Title of Authorized Person					
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LLC	LLC-1A (REV 11/2023) 2023 California Secretary of State							