



**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: _____



State of California

Secretary of State

LLC-1A

File # _____

Limited Liability Company Articles of Organization - Conversion

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. 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 managed by (check only one):

One Manager	More Than One Manager	All Limited Liability Company Member(s)
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4. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code

CA
5. Initial Mailing Address of Limited Liability Company, 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 Agent for Service of Process - *Do not list a P.O. Box* City State Zip Code

CA
 - c. If an individual, Mailing Address of Agent 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:

<u>The class and number of outstanding interests entitled to vote.</u>	AND	<u>The percentage vote required of each class.</u>
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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. 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_____
Signature of Authorized Person_____
Type or Print Name and Title of Authorized Person