



State of California
Secretary of State

Limited Liability Company
Articles of Organization - Conversion

LLC-1A

File #

For Office Use Only

-FILED-

File No.: 202565417476

Date Filed: 1/17/2025

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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.)

TRAUMA CAMP LLC

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)

4. Initial Street Address of Limited Liability Company's Principal Office

5240 Lemp Ave

City

North Hollywood

State

CA

Zip Code

91601

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

Registered Agent Solutions, Inc.

- 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

TRAUMA CAMP LLC

8. Form of Entity

LLC

9. Jurisdiction

Colorado

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.
100% Membership Interests

AND

The percentage vote required of each class.
100%

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

Julia Rose M. Polk, Member

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Type or Print Name and Title of Authorized Person