State of California Secretary of State

Certificate of Conversion

File#

CONV-1A

For Office Use Only

-FILED-

File No.: BA20231252575

Date Filed: 8/7/2023

other conversions.			This Space For Filing Use Only		
Converted Entity Information				·	
Name of Converted Entity ARCFLASH LABS, INC.			· · ·	·	
Form of Entity Corporation		3. Jurisdicti	on Arizo	na	
4. Mailing Address of Principal Office of Cor	overted Entity (Complete only if co	onverting a Ca City	alifornia limited partnershi	p.) State	Zip Code
 Street Address of Principal Office of Com- company or a registered California gener 5599 S. Alameda Road 	ox (Complete City	only if converting a Calif	ornia limited li State AZ	ability Zip Code 85118	
Street Address of the California Principal California general partnership.)	- Do not list a City		if converting State CA	a registered Zip Code	
7. If the converting entity is a California con an agent for service of process: Item 7 section 1505 that agrees to be your agent individual, list the agent's business or reside agent. Do not list an address if the agent is	a: List the name of an individual for service of process. You may be still street address, Item 7c. If the	or a corporation of list the corporation and the corporation of the corporation and the corporation are corporated are corp	on registered in CA under nverted entity as the agen idividual, list the mailing ad	ership, you r California Cor t. Item 7b: If Idress of the co	porations Code the agent is an priverted entity's
Name of Agent For Service of Process Jason Murray					
 b. If an individual, Street Address of Agen 8620 Belford Avenue, Suite 603 	a P.O. Box	City Los Angeles	State CA	Zip Code 90045	
c. If an individual, Mailing Address of Agent for Service of Process 8620 Belford Avenue, Suite 603			City Los Angeles	State CA	Zip Code 90045
Converting Entity Information			<u></u> -		
Name of Converting Entity ARCFLASH LABS, LLC			· · · · ·		
B. Entity Type Limited Liability Company	10. Jurisdiction California		11. CA Secretary of State Eritity Number, if any 201721910218		
12. The principal terms of the plan of converged exceeded the vote required. If a vote was The class and number of outstanding intelligence Managers	s required, the following was requ	ired <u>for each</u>	class: The percentage vote re		
Additional Information					
13. Additional information set forth on the atta	ached pages, if any, is incorporate	ed herein by t	his reference and made o	art of this cert	ificate.
14. I certify under penalty of perjury under the Lam the person who executed this instrur August 3, 2023 Date Signature of Authorized Person	e laws of the State of California the nent, which execution is my act a	nd deed. David Wirtl	ing is true and correct of a h, Manager nt Name and Title of Auth		·
Mature of Authorized Person	· · · · · · · · · · · · · · · · · · ·		ray, Manager nt Name and Title of Auth	orized Person	
CONV. 44 (BEV 42/00/22)			-	2000 Califa	in Constant of Conta

14. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Amhorized Person

Jack Lovley, Manager

Name and Title of Authorized Person