

State of California **Secretary of State**



LLC-1A

File#_

For Office Use Only

-FILED-

File No.: 202464217066 Date Filed: 10/16/2024

Limited Liability Company Articles of Organization - Conversion

				This Space For Filing Use Only		
Converted Entity Information						
Name of Limited Liability Company (The Limited and Company may be abbreviated SBK O'Brien LLC		imited Liability C	Company or the abbrevi	ations LLC or	L.L.C. The words	
The purpose of the limited liability compa under the California Revised Uniform Limi		act or activity fo	or which a limited liabili	ty company n	nay be organized	
3. The limited liability company will be mana-	ged by (check only one):					
✓ One Manager	More Than One Manager		All Limited Liability Company Member(s)		Member(s)	
4. Initial Street Address of Limited Liability Company's Principal Office			City	State	Zip Code	
707 Menlo Avenue, Suite 110			Menlo Park	ÇA	94025	
5. Initial Mailing Address of Limited Liability Company, if different from Item 4			City	State	Zip Code	
 Initial Agent for Service of Process: Iter section 1505 that agrees to be your agent for list the agent's CA business or residential partnership or general partnership, list the ligaddress for service of process is already on 	r service of process. You may no street address, Item 6c; If the a the agent's mailing address. Do	ot list the converte gent is an individ	ed entity as the agent. Its lual and the converting	em 6b: If the aq entity is a CA	gent is an individual, corporation, limited	
 a. Name of Agent For Service of Process 						
Paracorp Incorporated						
b. If an individual, Street Address of Age	nt for Service of Process - Do r	not list a P.O. Bo	x City	State CA	Zip Code	
c. If an individual, Mailing Address of Agent for Service of Process			City	State	Zip Code	
Converting Entity Information						
7. Name of Converting Entity SBK O'Brien LLC						
8. Form of Entity	9. Jurisdiction		10. CA Secretary of State Entity Number, if any			
limited liability company	Delaware					
11. The principal terms of the plan of conve- exceeded the vote required. If a vote was				of each clas	s that equaled or	
The class and number of outstanding interests entitled to vote. AND Membership Units - 100		The percentage vote required of each class. 100%				
Additional Information						
12. Additional information set forth on the atta	iched pages, if any, is incorpora	ated herein by th	is reference and made	part of this cer	rtificate.	
13. I certify under penalty of perjury that the execution of my act and deed.	contents of this document are		I am the person who e			
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					
ELC-1A (REV 11/2023)		2023 California Secretary of State				