



**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

LP-1A

File # _____

Certificate of Limited Partnership - Conversion

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Partnership (End the name with the words Limited Partnership or the abbreviation LP or L.P.)

2. Names and Address of All General Partners (Attach additional pages, if necessary.)

Name	Address	City	State	Zip Code

3a. Initial Street Address of Limited Partnership's Designated Office in CA

City _____ State _____ Zip Code _____
CA

3b. Initial Mailing Address of Limited Partnership, if different from Item 3a

City _____ State _____ Zip Code _____

4. Initial Agent for Service of Process: Item 4a: 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 4b: If the agent is an individual, list the agent's CA business or residential street address. Item 4c: If the agent is an individual **and** the converting entity is a CA corporation 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

5. Name of Converting Entity

6. Form of Entity	7. Jurisdiction	8. CA Secretary of State Entity Number, if any

9. 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

10. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made a part of this certificate.

11. 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