DOC ID ----> 201021700458

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/06/2010	201021700458	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

RYAN SYSTEMS LLC
4286 ANTIOCH DR
ENON, OH 45323

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1578925

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RYAN SYSTEMS, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
CONVERSION WITHIN SOS RECORDS (CHANGE TO DOMESTIC FOR PROFIT)	**201021700458**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of July, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201021700458

Form 700 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

- ○ Expedite — PO Box 1390, Columbus, OH 43216
  *** Requires an additional fee of $100 ***
- ○ Non Expedite — PO Box 1329, Columbus, OH 43216

CERTIFICATE OF CONVERSION FOR ENTITIES CONVERTING WITHIN OR OFF THE RECORDS OF THE OHIO SECRETARY OF STATE

Filing Fee: $125

(CHECK ONLY ONE (1) BOX)

(1) ☑ **Converting Within The Records of the Ohio Secretary of State**	(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: Ryan Systems, LLC.

Jurisdiction of Formation: Enon, Ohio (Clark)

Charter/Registration Number: 1578925

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Corporation
- ☐ Foreign Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☑ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership
- ☐ Business Trust

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

RECEIVED
SECRETARY OF STATE
2010 JUL 29 AM 10: 13
CLIENT SERVICE CENTER

Name of the converted entity: Ryan Systems, Inc.

Jurisdiction of Formation: Enon, Ohio (Clark)

The converted entity is a:
(Check Only (1) One Box)

- ☑ Domestic Corporation
- ☐ Foreign Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership
- ☐ Business Trust

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Effective Date (Optional) _____ (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate that it is not more than ninety days after filing)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Steven R. Bockelman
Name

4286 Antioch Drive
Mailing Address

Enon | OH | 45323
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | State | Zip Code

☐ **If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

If the converting entity is a domestic or foreign corporation licensed to transact business in Ohio and converting off the records, the certificate of conversion must be accompanied by the affidavits herein attached. ***(See Instructions)***

See instructions for additional filing requirements if

(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio, or
(3) if a foreign or domestic corporation licensed to transact business in this state is the converting entity.

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IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required
Must be authenticated **(signed)** by an authorized representative.

Signature _____ Date 7/26/2010

Steven Bockelman
Print Name

Owner
Title

Signature _____ Date _____

Print Name _____

Title _____

Signature _____ Date _____

Print Name _____

Title _____

DOC ID ----> 201021700458

Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)
Filing Fee $125.00

RECEIVED
JUL 29 2010
SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Articles of Incorporation Profit (113-ARF) ORC 1701	(2) ☐ Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) ☐ Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Ryan Systems, Inc.

SECOND: Location Enon *(City)* Clark *(County)*

Effective Date **(Optional)** _____ *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

☐ ***Check here if additional provisions are attached***

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 1 *(No. of Shares)* common *(Type)* .6 *(Par Value)*

(Refer to instructions if needed)

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Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Steven R. Bockelman
(Name)

4286 Antioch Drive
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Enon *(City)* Ohio *(State)* 45323 *(Zip Code)*

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) *(State)* *(Zip Code)*

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) *(State)* *(Zip Code)*

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)

Authorized Representative — Date: 7/26/2010

Steven Bockelman
(print name)

Authorized Representative — Date

(print name)

Authorized Representative — Date

(print name)

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Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Ryan Systems, Inc.
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Steven R. Bockelman
(Name)
4286 Antioch Drive
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*
Enon , Ohio 45323
(City) *(Zip Code)*

Must be authenticated by an authorized representative

Authorized Representative	Date: 7/26/2010
Authorized Representative	Date
Authorized Representative	Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Steven Bockelman, named herein as the
Statutory agent for, Ryan Systems, Inc.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)