



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/28/2015	201535801096	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00	0.00

Receipt

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

CORSARO & ASSOCIATES
28039 CLEMENS ROAD
WESTLAKE, OH 44145

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
794566

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

DYTR STAFFING AND MANAGEMENT COMPANY, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 01/01/2016

CHANGE BUSINESS TYPE DOM. LIMITED LIABILITY CO.

Document No(s):

201535801096



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
28th day of December, A.D. 2015.

Ohio Secretary of State



Form 700 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time)
Requires an additional \$100.00
P.O. Box 1390
Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(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 DYTR Staffing and Management Company

Jurisdiction of Formation OH

Charter/Registration Number 794566

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

☒ Domestic Corporation (For-Profit or Nonprofit)

☐ Foreign Corporation (For-Profit or Nonprofit)

☐ 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

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.

Name of the converted entity

DYTR Staffing and Management Company, LLC

Jurisdiction of Formation

OH

The converted entity is a:

(Check Only (1) One Box)☐ Domestic Corporation (For-Profit)☐ Partnership☐ Foreign Corporation (For-Profit or Nonprofit)☐ Domestic Limited Partnership☐ Domestic Nonprofit Limited Liability Company☐ Foreign Limited Partnership☐ Foreign Nonprofit Limited Liability Company☐ Domestic Limited Liability Partnership☒ Domestic For-Profit Limited Liability Company☐ Foreign Limited Liability Partnership☐ Foreign For-Profit Limited Liability CompanyEffective Date
(Optional)

1/1/16

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

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

Michele L. McAteer, Esq.

Name

Corsaro & Associates Co., LPA, 28039 Clemens Road

Mailing Address

Westlake

City

OH

State

44145

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

Ohio

State

Zip Code

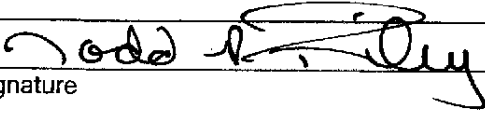
See instructions for additional filing requirements if

- (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 domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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.

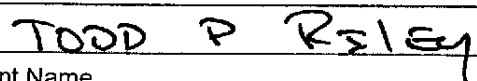
Required

Must be signed by an authorized representative.


Signature

Todd P. Riley

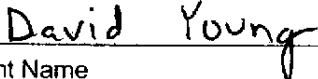
By (if applicable)


Print Name


Signature

David G. Young

By (if applicable)


Print Name


Signature


By (if applicable)


Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

DYTR Staffing and Management Company

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	12/21/15	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	12/21/15
*Only required for domestic for-profit corporations		Regular: P.O. Box 182413 Columbus, OH 43218-2413	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]		☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature

Todd P. Riley
Todd P. Riley

Title

President

DYTR Staffing and Management Company

Name

10690 Loveland-Madeira Road

Mailing Address

Loveland

City

OH

State

45140

Zip Code

Sworn to and subscribed in my presence on

12.21.15

Seal



SHANNON L. HACKMAN
Notary Public

In and for
the State of Ohio
My Commission Expires
8/19/18 Notary Public

Commission Expires

8.19.18
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of OhioCounty of ClermontTodd P. Riley

Name of Officer

President

Title of Officer

of

DYTR Staffing and Management Company

Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio☐ Is the type required to pay personal property taxes to state authorities only☒ Has personal property in the following county (ies)Clermont

Signature:

Todd P. Riley

Title:

President

Sworn to and subscribed in my presence on Date

12.22.15

SHANNON L. HACKMAN
Notary Public
In and for
the State of Ohio
My Commission Expires 8/19/18

Expiration date of Notary Public's Commission

Date

8.19.18

Shannon L. Hackman
Notary Public



Form 533A Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

 Toll Free: (877) SOS-FILE (877-767-3453)
 Central Ohio: (614) 486-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 670
 Columbus, OH 43216

 Expedite Filing (Two business day processing time)
 Requires an additional \$100 fee
 P.O. Box 1390
 Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

CHECK ONLY ONE (1) BOX
 (1) ☒ Articles of Organization for Domestic
 For-Profit Limited Liability Company
 (115-LCA)

 (2) ☐ Articles of Organization for Domestic
 Nonprofit Limited Liability Company
 (115-LCA)

 Name of Limited Liability Company DYTR Staffing and Management Company, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

 Effective Date 01/01/2016
 (Optional) mm/dd/yyyy

 (The legal existence of the limited liability company begins upon the filing
 of the articles or on a later date specified that is not more than ninety days
 after filing)

 This limited liability company shall exist for
 (Optional) Period of Existence

 Purpose
 (Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

DYTR Staffing and Management Company, LLC

Name of Limited Liability Company

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 limited liability company may be served. The name and address of the agent is

Todd Riley

Name of Agent

10690 Loveland Madeira Road

Mailing Address

Loveland

City

Ohio

State

45140

ZIP Code

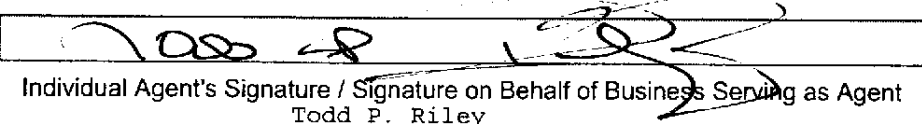
ACCEPTANCE OF APPOINTMENT

The undersigned, Todd Riley named herein as the statutory agent
Statutory Agent Name

for DYTR Staffing and Management Company, LLC
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature


Individual Agent's Signature / Signature on Behalf of Business Serving as Agent
Todd P. Riley

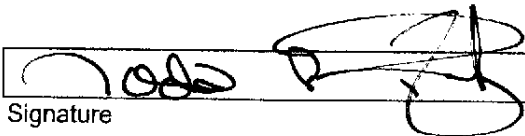
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

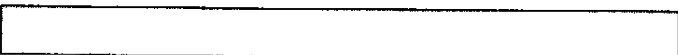
By (if applicable)

Todd P. Riley

Print Name

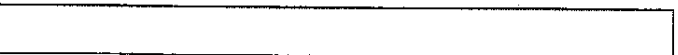

Signature

By (if applicable)


By (if applicable)


Print Name


Signature


By (if applicable)


Print Name



Form 590 Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

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

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

2015 DEC 24 PM 12:21

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name

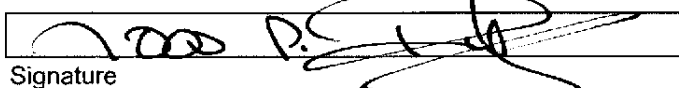
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name