



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/22/2016	201623202848	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00	0.00

Receipt

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

CT CORPORATION SYSTEM
CHRIS RICKARD
4400 EASTON COMMONS WAY, STE. 125
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
706831

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
HICKORY FARMS, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 08/11/2016

CHANGE BUSINESS TYPE FOR. PROFIT LIM. LIAB. CO.

Document No(s):

201623202848



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
22nd day of August, A.D. 2016.

Ohio Secretary of State



Form 700 Prescribed by:
JON HUSTED
 Ohio Secretary of State

Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

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: \$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 HICKORY FARMS, INC.

Jurisdiction of Formation Delaware

Charter/Registration Number 706831

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.

RECEIVED
 OHIO SECRETARY OF STATE
 2016 AUG 11 AM 10:19
 CLIENT SERVICE CENTER

Name of the converted entity Jurisdiction of Formation 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 Company | |

Effective Date
(Optional)

(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.

Name

Mailing Address

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

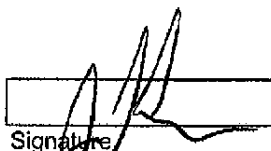
Zip Code**See instructions for additional filing requirements if**

- (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

By (if applicable)

Jennifer Kurz, Vice President
Print Name

Signature

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.

HICKORY FARMS, INC.

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	1-7-16	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	8-5-16
*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	6-2-16	☒ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see note below]			

*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 Grohnke

Title

Vice President

Todd Grohnke

Name

811 Madison Ave, FL 5

Mailing Address

Toledo

City

OH

State

43604

Zip Code

Sworn to and subscribed in my presence on

8-9-16

Date



CHRISTINA MARIE ZIMMERMAN
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 07-02-2019

Notary Public

Commission Expires

7/2/2019

Date

AFFIDAVIT OF PERSONAL PROPERTY

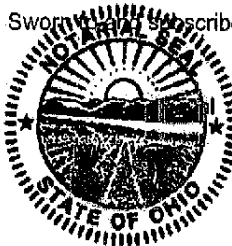
State of OhioCounty of LucasTodd Grohnke
Name of OfficerVice President
Title of Officer

of

HICKORY FARMS, INC.
Name of Corporationand that this affidavit is made in compliance with Section 1703.17 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)

Signature: Todd GrohnkeTitle: Todd Grohnke, VP.Sworn and subscribed in my presence on Date 8-9-16CHRISTINA MARIE ZIMMERMAN
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 07-02-2019[Signature]
Notary Public

Expiration date of Notary Public's Commission

Date 7-2-19



Form 533B Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

 Toll Free: (877) SOS-FILE (877-767-3453)
 Central Ohio: (614) 468-3910

 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 \$100.00)

 P.O. Box 1390
 Columbus, OH 43216

Registration of a Foreign Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

- (1) ☒ Registration of a Foreign For-Profit Limited Liability Company
 (106-LFA)
 ORC 1705

Jurisdiction of Formation Date of Formation

- (2) ☐ Registration of a Foreign Nonprofit Limited Liability Company
 (106-LFA)
 ORC 1705

Jurisdiction of Formation Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

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

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

C T Corporation System

Name

1300 East 9th Street

Mailing Address

Cleveland

City

Ohio

State

44114

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

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

Must be signed by an authorized 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)

Jennifer Kurz

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name