



|            |              |                                     |        |        |      |      |
|------------|--------------|-------------------------------------|--------|--------|------|------|
| DATE       | DOCUMENT ID  | DESCRIPTION                         | FILING | EXPED  | CERT | COPY |
| 12/21/2017 | 201735500718 | Conversion Within SOS Records (CVS) | 99.00  | 200.00 | 0.00 | 0.00 |

**Receipt**

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

VORYS, SATER, SEYMOUR AND PEASE LLP  
ATTN: TED B. HIPSHER  
52 EAST GAY STREET  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
**955766**

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

**TRANSTAR AUTOBODY TECHNOLOGIES LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: 12/30/2017

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

Document No(s):

**201735500718**



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  
21st day of December, A.D. 2017.

**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](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)
File online or for more information: [www.OHBusinessCentral.com](http://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

Transtar Autobody Technologies, Inc.

Jurisdiction of Formation

Ohio

Charter/Registration Number

955766

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  
 2011 DEC 20 PM 4:25  
 CLERK SERVICE CENTER

|                              |                                    |
|------------------------------|------------------------------------|
| Name of the converted entity | Transtar Autobody Technologies LLC |
| Jurisdiction of Formation    | Ohio                               |

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

|                                                                                   |                                                                 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Domestic Corporation (For-Profit)                        | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)            | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company             | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company              | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company             |                                                                 |

|                                                                                                                          |            |                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------|
| Effective Date<br><b>(Optional)</b>                                                                                      | 12/30/2017 | <b>(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)</b> |
| [For accounting purposes the conversion shall be effective at 11:59 p.m. on 12/30/2017]                                  |            |                                                                                                                          |
| Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request. |            |                                                                                                                          |
| Paul Hido                                                                                                                |            |                                                                                                                          |
| Name                                                                                                                     |            |                                                                                                                          |
| 7350 Young Drive                                                                                                         |            |                                                                                                                          |
| Mailing Address                                                                                                          |            |                                                                                                                          |
| Walton Hills                                                                                                             | Ohio       | 44146                                                                                                                    |
| City                                                                                                                     | State      | Zip Code                                                                                                                 |

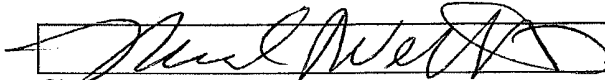
|                                                                                                                                                                                                        |       |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|
| <b>Required information that must accompany conversion certificate if box 2 is checked</b>                                                                                                             |       |          |
| 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                                                                                                                                                                                        |       |          |
|                                                                                                                                                                                                        | Ohio  |          |
| City                                                                                                                                                                                                   | State | Zip Code |

|                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>See instructions for additional filing requirements if</b><br>(1) the conversion creates a new domestic entity,<br>(2) the converted entity is a foreign entity that desires to transact business in Ohio; or<br>(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.

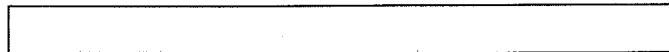
  
Signature



By (if applicable)

Mike Westrick  
Print Name

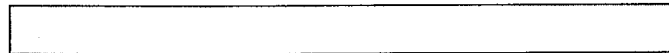
President



Signature



By (if applicable)



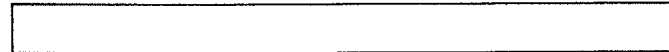
Print Name



Signature



By (if applicable)



Print Name

Complete the information in this section.

### AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Transtar Autobody Technologies, 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<br>30 W. Spring Street<br>Columbus, Ohio 43215                                                                                                                                                                                                                   | 12/20/2017    | Ohio Job & Family Services<br>Status and Liability Section<br>Data Correspondence Control<br>Fax: 614-752-4811<br>Phone: 614-466-2319<br>Overnight: P.O. Box 182413<br>Columbus, OH 43218-2413 | 12/20/2017    |
| *Only required for domestic for-profit corporations                                                                                                                                                                                                                                                   |               |                                                                                                                                                                                                |               |
| Ohio Department of Taxation<br>Taxpayer Services Division/Tax Release Unit<br>PO Box 182382<br>Columbus, OH 43218-2382<br>Dissolution@tax.state.oh.us<br>*Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.<br>[see* note below] | 11/28/2017    | <input checked="" type="checkbox"/> 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



Title

President

Mike Westrick

Name

7350 Young Drive

Mailing Address

Walton Hills

City

Ohio

State

44146

Zip Code

Sworn to and subscribed in my presence on

12/20/2017

Date

Seal

Sharon Miladinovic  
Notary Public

Commission Expires

7-11-2021

Date

## AFFIDAVIT OF PERSONAL PROPERTY

State of OhioCounty of Cuyahoga CountyMike Westrick

Name of Officer

President

Title of Officer

of

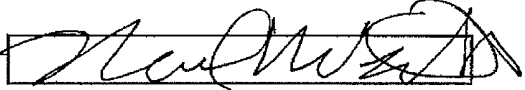
Transtar Autobody Technologies, Inc.

Name of Corporation

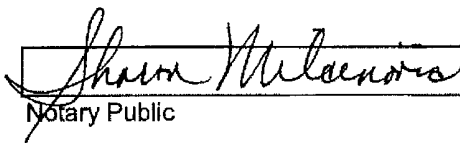
and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

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)

Cuyahoga CountySignature: 

Mike Westrick

Title: PresidentSworn to and subscribed in my presence on Date 12/20/2017**SHARON MILCINOVIC**NOTARY PUBLIC  
STATE OF OHIOMy Commission Expires  
July 11, 2021
  
 Notary Public

Expiration date of Notary Public's Commission

Date

7-11-2021



Department of  
Taxation

PO Box 182382  
Columbus, OH 43218-2382  
tax.ohio.gov



TED B HIPSHER  
VORYS SATER SEYMOUR AND PEASE LLP  
52 EAST GAY ST  
COLUMBUS, OH 43215  
USA

December 05, 2017  
Contact ID: 7244000368

RE: Certificate of Tax Clearance  
Entity Name: Transtar Autobody Technologies, Inc.  
Ohio Charter # 00955766  
Certificate Issue Date: 12/05/2017

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

A handwritten signature in black ink, appearing to read "Joseph W. Testa".

Joseph W. Testa  
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit  
Phone: 1-888-405-4039  
Fax: 1-206-984-0378  
TTY/TDD: 1-800-750-0750



Form 533A 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 670

Columbus, OH 43216

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

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

Transtar Autobody Technologies LLC

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

Effective Date  
(Optional)

12/30/2017

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)

perpetual

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

**Transtar Autobody Technologies 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

**CSC-Lawyers Incorporating Service**

Name of Agent

**50 West Broad Street, Suite 1800**

Mailing Address

**Columbus**

City

**Ohio**

State

**43215**

ZIP Code

**ACCEPTANCE OF APPOINTMENT**

The undersigned, **CSC-Lawyers Incorporating Service** named herein as the statutory agent  
Statutory Agent Name

for **Transtar Autobody Technologies LLC**  
Name of Limited Liability Company

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

Statutory Agent Signature **Holly Jones**  
**Assistant Vice President**  
Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

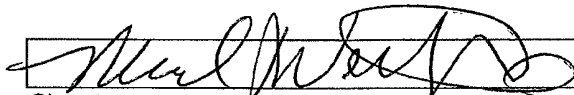
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**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.

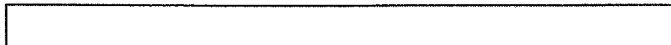
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

By (if applicable)

Mike Westrick

Print Name Authorized Representative

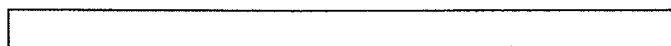
  
Signature

By (if applicable)

  
Print Name

  
Signature

By (if applicable)

  
Print Name