DOC ID ----> 201809302912

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/04/2018	201809302912	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

Receipt

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

TED GUDORF, J.D., LL.M.
8153 N. MAIN STREET
DAYTON, OH 45415

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

767644

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

MAR-FLEX SYSTEMS, LLC

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

Document(s)

Conversion Within SOS Records

Document No(s):

201809302912

Effective Date: 03/22/2018

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

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 4th day of April, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201809302912

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

For screen readers, follow instructions located at this path.

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

Filing Fee: $99

Form Must Be Typed

2018 MAR 22 PM 4:14

(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: MAR-FLEX SYSTEMS, INC.

Jurisdiction of Formation: OHIO

Charter/Registration Number: 767644

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

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit 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

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.

DOC ID ----> 201809302912

Name of the converted entity: MAR-FLEX SYSTEMS, LLC

Jurisdiction of Formation: OHIO

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

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit 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

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.

TED GUDORF, J.D., LL.M.
Name

8153 N. MAIN STREET
Mailing Address

DAYTON
City

Ohio
State

45415
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

OH
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.

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.



Signature

By (if applicable)

BRETT A. OAKLEY

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201809302912

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

MAR-FLEX SYSTEMS, 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

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

* Only required for domestic for-profit corporations

Date Notified (MM/DD/YYYY): 03/20/2018

Agency

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Fax: 614-752-4811
Phone: 614-466-2319

Overnight Address:
P.O. Box 182413
Columbus, OH 43218-2413

Regular Address:
P.O. Box 182413
Columbus, OH 43218-2413

Date Notified (MM/DD/YYYY): 03/20/2018

Agency

Ohio Department of Taxation
Taxpayer Services/Tax Release Unit
P.O. Box 182382
Columbus, OH 43218-2382
Dissolution@tax.state.oh.us

Date Notified (MM/DD/YYYY): 03/20/2018

* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.
* **Note**: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

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

Signature [signature] Title PRESIDENT

BRETT A. OAKLEY
Name

500 BUSINESS PARKWAY
Mailing Address

CARLISLE — City
Ohio — State
45005 — ZIP Code

Seal

NOTARY PUBLIC STATE OF OHIO

Kyle W Todd, Notary Public
In and for the State of Ohio
My Commission Expires Feb. 28, 2023

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 03/20/2018

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY): 02/28/2023

DOC ID ----> 201809302912

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Montgomery

BRETT A. OAKLEY
Name of Officer

PRESIDENT
Title of Officer

of

MAR-FLEX SYSTEMS, INC.
Name of Corporation

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

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

- [X] 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)

County | County | County

Signature [signature] Title PRESIDENT

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 03/20/2018

Seal

NOTARY PUBLIC STATE OF OHIO

Kyle W Todd, Notary Public
In and for the State of Ohio
My Commission Expires Feb. 28, 2023

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 02/28/2023

DOC ID ----> 201809302912

Ohio | Department of Taxation

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

RECEIVED
MAR 0 5 2018
BY: .....

TED GUDORF J.D, LLM
MAR FLEX
8153 N. MAIN STREET
DAYTON, OH 45415
USA

February 28, 2018
Contact ID: 0584510635

RE: Certificate of Tax Clearance
Entity Name: Mar Flex Systems Inc
Ohio Charter # 00767644
Certificate Issue Date: 02/28/2018

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.

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

DOC ID ----> 201809302912

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

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

2018 MAR 22 PM 4:02

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: MAR-FLEX SYSTEMS, LLC

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

Optional: Effective Date (MM/DD/YYYY) _____ (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for PERPETUAL
Period of Existence

Optional: Purpose

ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED UNDER CHAPTER 1705 OF THE OHIO REVISED CODE.

** **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 Statutory Agent

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

MAR-FLEX SYSTEMS, 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 corporation may be served. The complete address of the agent is:

BRETT A. OAKLEY
(Name of Statutory Agent)

500 BUSINESS PARKWAY
(Mailing Address)

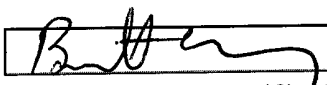
CARLISLE (Mailing City) | OH (Mailing State) | 45005 (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, BRETT A. OAKLEY (Name of Statutory Agent), named herein as the

Statutory agent for MAR-FLEX SYSTEMS, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature 
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

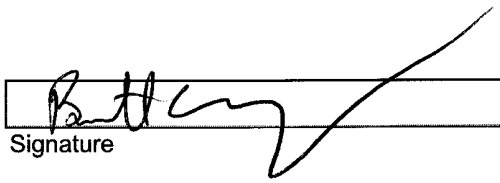
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

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

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

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



Signature

By (if applicable)

BRETT A. OAKLEY

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name