DOC ID ----> 201818701474

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/06/2018	201818701474	CONVERSION - DOMESTIC FOR PROFIT CORP (CVD)	99.00	100.00	0.00	0.00

Receipt

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

CFD SERVICE COMPANY, INC.
LAVERNE STRONG
1300 EAST NINTH ST., 20 FL.
CLEVELAND, OH 44114

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

4206409

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

SKYSOURCE SOLUTIONS, INC.

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

Document(s)	Document No(s):
CONVERSION - DOMESTIC FOR PROFIT CORP	**201818701474**
Effective Date: 07/06/2018	

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 6th day of July, A.D. 2018.

Jon Husted

Ohio Secretary of State

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Form 800 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

For screen readers, follow instructions located at this path.

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 of Conversion for Entities Converting Into the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

RECEIVED
JUL - 6 2018
SECRETARY OF STATE

Name of Converting Entity: SkySource Solutions, Inc.

Jurisdiction of Formation: Virginia

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

- ☐ Partnership
- ☐ Foreign Limited Partnership
- ☐ Common Law Trust
- ☒ Foreign Corporation
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Foreign Limited Liability Partnership
- ☐ Other

The converting entity hereby states it has complied with all laws of its jurisdiction of formation. Furthermore, the law permits for the conversion.

Name of the Converted Entity: SkySource Solutions, Inc.

Existing under the laws of: OH

The converted business entity type is
(Check One)

- ☐ Business Trust
- ☒ Domestic Corporation (For-Profit)
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Domestic Limited Liability Partnership

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Effective Date (Optional)
This conversion is effective on (If a date is specified, the date must be a date on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the conversion).

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

Salvatore J. Bachman
Print Name

17678 Lexington Lane
Mailing Address

Strongsville	Ohio	44136
City	State	Zip Code

If the conversion creates a new domestic corporation, limited liability company, partnership, limited partnership, or a limited liability partnership, complete and attach the formation documents prescribed by the secretary of state for the **specific entity type** being created.

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.

X
Signature

By (if applicable)

Salvatore J. Bachman
Print Name

Signature

By (if applicable)

Print Name

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Form 532A 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.

Initial Articles of Incorporation
(For Profit, Domestic Corporation)
Filing Fee: $99
(113 - ARF)
Form Must Be Typed

Please check the box if this corporation is being formed for the following purpose:

☐ Community Development Corporation - Please see Ohio Revised Code Chapter 1726 or the instructions at the end of this form for more information.

First: Name of Corporation: SkySource Solutions, Inc.

(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal Office in Ohio

Berea — City
Ohio — State
Cuyahoga — County

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.)

Third: 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.)

990	Common Shares	no par
Number of Shares	Type of Shares	Par Value of Shares

Fourth: If the corporation is to have an initial stated capital, please state the amount of that stated capital.

_____
Amount

** Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. **

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Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

SkySource Solutions, Inc.
(Name of Corporation)

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:

Salvatore J. Bachman
(Name of Statutory Agent)

17678 Lexington Lane
(Mailing Address)

Strongsville	OH	44136
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Must be signed by the incorporators or a majority of the incorporators.

X _____
(Signature)

_____
(Signature)

_____
(Signature)

Acceptance of Appointment

The Undersigned, Salvatore J. Bachman, named herein as the
(Name of Statutory Agent)

Statutory agent for SkySource Solutions, Inc.
(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

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

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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 the incorporator(s).

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

If the incorporator 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.

X

Signature

By (if applicable)

Salvatore J. Bachman

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name