



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/03/2022	202200302058	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

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

CORPORATION SERVICE COMPANY
1127 BROADWAY ST NE #310
SALEM, OR 97301

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
1364573

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CIRRUS CONCEPT CONSULTING, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 01/03/2022

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

Document No(s):

202200302058



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
3rd day of January, A.D. 2022.

Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

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

CIRRUS CONCEPT CONSULTING, INC.

Jurisdiction of Formation

Charter/Registration Number

1364573

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.

Name of the converted entity

Cirrus Concept Consulting, LLC

Jurisdiction of Formation

Ohio

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

☐ Domestic For-Profit Corporation

☐ Domestic Professional Association

If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

☐ 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)

MM/DD/YYYY

(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.

Leslie Kahn

Name

One Elizabeth Place

Mailing Address

Dayton

City

Ohio

State

45417

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.

Leslie Kahn

Signature

By (if applicable)

Leslie Kahn

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Dec 30 2021 3:21PM HP Fax

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



JERRY GRADY
455 E. EISENHOWER, STE 102
ANN ARBOR, MI 48108
USA

December 30, 2021
Contact ID: 5472410312

RE: Certificate of Tax Clearance
Entity Name: Cirrus Concept Consulting, Inc.
Ohio Charter # 01364573
Certificate Issue Date: 12/30/2021

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, reading "Jeffrey A. McClain".

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-995-4422
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

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

(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 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.)

Optional:This limited liability company shall exist for

Period of Existence

Optional:

Purpose

**** 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

Cirrus Concept Consulting, 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:

Leslie Kahn

(Name of Statutory Agent)

1 Elizabeth Place, Suite 110

(Mailing Address)

Dayton

(Mailing City)

OH

(Mailing State)

45417

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned,

Leslie Khan

, named herein as the
(Name of Statutory Agent)

Statutory agent for

Cirrus Concept Consulting, LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature

Leslie Kahn

(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)

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.

Cirrus Concept Consulting, Inc.

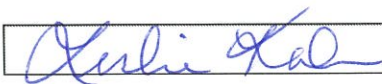
Name of Corporation

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) 12/30/2021	Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. 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. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	Date Notified (MM/DD/YYYY) 12/30/2021
		☐ 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



Title

President

Name

Leslie Kahn

Mailing Address

One Elizabeth Place

City

Dayton

State

Ohio

ZIP Code

45417

Seal



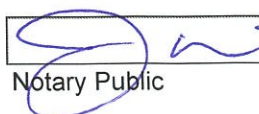
Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

JON MORRIS
 NOTARY PUBLIC
 STATE OF OHIO
 Comm. Expires
 12-01-2025

Notary Public

Date Commission Expires (MM/DD/YYYY)

12/30/2021



12/01/2025

AFFIDAVIT OF PERSONAL PROPERTY

State of County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

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

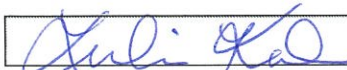
☐ Has no personal property in any county in Ohio☐ Is the type required to pay personal property taxes to state authorities only☒ Has personal property in the following county (ies)

County

County

County

Signature



Title

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

Seal

JON MORRIS
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
12-01-2025
Notary Public

Date Commission Expires (MM/DD/YYYY)