



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/20/2023	202311001236	Conversion Within SOS Records (CVS)	100.00	0.00	0.00	0.00

Receipt

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

MARK S. CRAWFORD
1095 CORA MILL RD
GALLIPOLIS, OH 45631

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
2078770

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

MARK CRAWFORD BUILDING & REPAIR INC.

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

Document(s)

Conversion Within SOS Records

Document No(s):

202311001236

Effective Date: 04/19/2023

CHANGE TO DOMESTIC FOR PROFIT



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
20th day of April, A.D. 2023.

Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

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

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

Filing Fee: \$99
Form Must Be Typed

RECEIVED
ASR 10 2023

OHIO SECRETARY OF STATE

(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 Skilled Masonry, Tile, & Marble, Inc.

Jurisdiction of Formation Florida

Charter/Registration Number 2078770

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 Limited Liability Company
☐ Foreign 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	Mark Crawford Building & Repair Inc.
Jurisdiction of Formation	Ohio
The converted entity is a: (Check Only (1) One Box)	
☒ Domestic For-Profit Corporation	☐ Partnership
☐ Domestic Professional Association	☐ Domestic Limited Partnership
☐ Foreign Nonprofit Corporation	☐ Foreign Limited Partnership
☐ Foreign For-Profit Corporation	☐ Domestic Limited Liability Partnership
☐ Domestic Limited Liability Company	☐ Foreign Limited Liability Partnership
☐ Foreign Limited Liability Company	

Effective Date (MM/DD/YYYY)	04/04/2023	(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)	
(Optional)			
Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.			
Mark Crawford			
Name			
1095 Cora Mill Rd			
Mailing Address			
Gallipolis	Ohio	45631	
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		
	OH	
City	State	ZIP Code

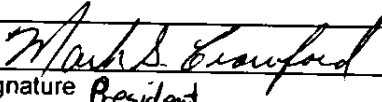
See instructions for additional filing requirements if

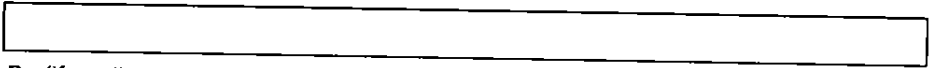
- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

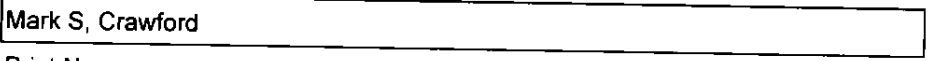
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

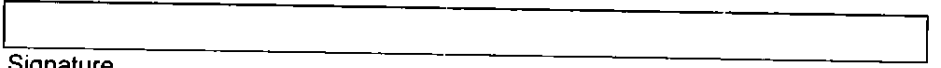
Required

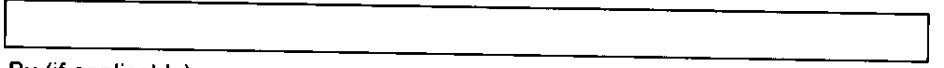
Must be signed by an authorized representative.

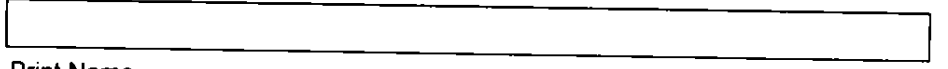

Signature *President*

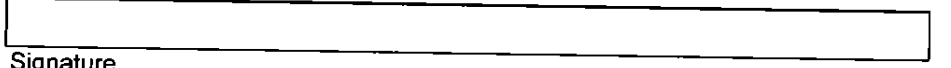

By (if applicable)

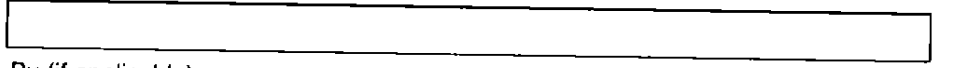

Print Name

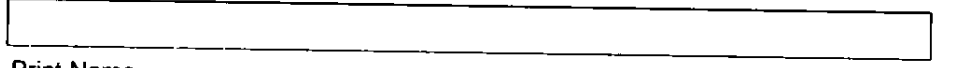

Signature


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.

Skilled Masonry, Tile, & Marble, Inc.

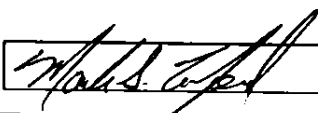
Name of Corporation

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) 02/28/2023	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) 02/28/2023
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) 02/27/2023	☒ 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

Mark S. Crawford

Name

1095 Cora Mill Rd

Mailing Address

Gallipolis

City

Ohio

State

45631

ZIP Code

Seal

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

02/28/2023



JERROD ROBERTS
 Notary Public
 State of Ohio
 My Comm. Expires
 May 11, 2026

Notary Public

Date Commission Expires (MM/DD/YYYY)

05/11/2026

AFFIDAVIT OF PERSONAL PROPERTY

State of

Ohio

County of

Gallia

Mark S. Crawford

Name of Officer

President

Title of Officer

of

SKilled Masonry, Tile, + Marble, Inc.

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 2737.03

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

Mark S. Crawford

Title

President

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

3/31/23

Seal



McKenna Lambert

Notary Public

Date Commission Expires (MM/DD/YYYY)

3/31/23

Form 532A Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

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

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216Expedite 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**

RECEIVED

APR 19 2023

OHIO SECRETARY OF STATE

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

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

Second: Location of Principal Office in Ohio

City

State

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.)

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

Optional: Purpose:

**** 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. **

Original Appointment of Statutory Agent

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

Mark Crawford Building & Repair 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:

Mark S. Crawford - *Mark S. Crawford*

(Name of Statutory Agent)

1095 Cora Mill Rd

(Mailing Address)

Gallipolis

(Mailing City)

OH

(Mailing State)

45631

(Mailing ZIP Code)

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

Mark S. Crawford
(Signature) *President*

X Sharon K. Crawford
(Signature) *Vice-President*

(Signature)

Acceptance of Appointment

The Undersigned,

Mark S. Crawford

(Name of Statutory Agent)

, named herein as the

Statutory agent for

Mark Crawford Building & Repair Inc.

(Name of Corporation)

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

Statutory Agent Signature

Mark S. Crawford

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

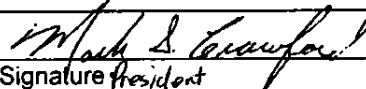
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Until this filing is approved, this business entity does not legally exist, therefore, the entity cannot be the signer of this document.

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.


Signature *President*

By (if applicable)

Mark S. Crawford

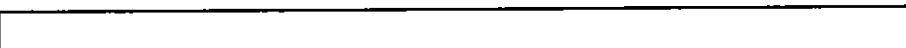
Print Name


Signature *Vice-President*

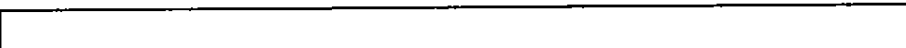
By (if applicable)

Sharon K. Crawford

Print Name


Signature

By (if applicable)


Print Name