DOC ID ----> 202516304284

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/13/2025	202516304284	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

Receipt

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

MICHAEL ANDREW CARMONA
184 E 4TH STREET
SALEM, OH 44460

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
5400495

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

MCRC TRANSPORTION LLC

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

Document(s)	Document No(s):
Conversion Within SOS Records	**202516304284**

Effective Date: 06/12/2025

CHANGE BUSINESS TYPE OH LLC

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 13th day of June, A.D. 2025.

Ohio Secretary of State

DOC ID ----> 202516304284

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Telphone: 877.767.3453
OhioSoS.gov | business@OhioSoS.gov
File 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	MCRC TRANSPORTATION CORP.
Jurisdiction of Formation	
Charter/Registration Number	5400495

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

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership
- ☐ Foreign Limited Liability Company

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: MCRC TRANSPORTATION 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 Limited Liability Company
- ☐ Foreign Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date **(Optional)**: 06/12/2025 **(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.

MICHAEL ANDREW CARMONA
Name

185 E 4TH STREET
Address

SALEM (City) | Ohio (State) | 44460 (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

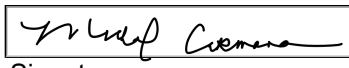
Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instruction for details.)

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

OWNER

By (if applicable)

MICHAEL ANDREW CARMONA

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202516304284

Original Appointment of Statutory Agent

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

MCRC Transportation 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 complete address of the agent is:

LeAirah Myers
(Name of Statutory Agent)

1180 W State St
(Agent Address - Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

Alliance (City) | Ohio (State) | 44601 (ZIP Code)

Leairah Myers
Notary Public, State of Ohio
My Commission Expires
June 10, 2029
Commission Number
2024-RE-878471

Acceptance of Appointment

The Undersigned, LeAirah Myers (Name of Statutory Agent), named herein as the

Statutory agent for MCRC Transportation LLC
(Name of Limited Liability Company)

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

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

If applicable, attach a statement as provided in division (B)(3) of section 1706.76 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

Leairah Myers
Notary Public, State of Ohio
My Commission Expires
June 10, 2029
Commission Number
2024-RE-878471

DOC ID ----> 202516304284

Form 610 Prescribed by:

Frank LaRose
Ohio Secretary of State

Telphone: 877.767.3453
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

115-LCA

Name of Limited Liability Company: MCRC TRANSPORTION 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) _____ Effective Time _____

Pursuant to Ohio Revised Code Section 1706.16(D), a limited liability company is formed when the articles of organization are filed by the secretary of state or at any later date or time specified in the articles of organization. Pursuant to Ohio Revised Code Section 1706.172(D), articles of organization delivered to the Ohio Secretary of State for filing may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. Articles of organization are effective as provided in Ohio Revised Code Section 1706.172(D).

Optional: Purpose

Original Appointment of Statutory Agent

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

(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 complete address of the agent is:

(Name of Statutory Agent)

(Mailing Address)

(Mailing City) | Ohio (Mailing State) | (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, , named herein as the

(Name of Statutory Agent)

Statutory agent for

(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)

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

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 of Organization shall be signed by at least one person.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

MICHAEL ANDREW CARMONA
Signature

MICHAEL ANDREW CARMONA PRESIDENT
By (if applicable)

MICHAEL ANDREW CARMONA
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202516304284

Complete the information in this section.

AFFIDAVIT

In lieu of releases from various governmental authorities.

MCRC TRANSPORTATION [redacted] CORP

Name of Corporation

The undersigned being duly sworn, declares that on the dates indicated below, each of the named state agencies was advised in writing of the scheduled effective date of the conversion and was advised in writing of the acknowledgment by the corporation of the applicability of the provisions of Ohio Revised Code section 1701.95 or 1702.55, or if section 1703.17(D) applies, that the conversion does not relieve the corporation of liability, if any, for payment of the taxes and contributions described in Ohio Revised Code sections 1703.17(C)(1), (2), and (3).

Each constituent corporation acknowledges that the conversion does not in and of itself automatically relieve the corporation from payment of tax liabilities.

Agency	Date Notified (MM/DD/YYYY)	Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	6/12/2025	Ohio Job & Family Services P.O. Box 182404 Columbus, OH 43218-2404	6/12/2025
Agency	**Date Notified (MM/DD/YYYY)**	☒ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 * If the converted entity is not a domestic corporation or foreign corporation to be licensed in Ohio, then each for-profit domestic constituent corporation has submitted the prescribed form to the Ohio Department of Taxation.	6/12/2025		

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

Signature Michael A Carmona Title [redacted] PRESIDENT

Michael A Carmona
Name

184 E 4th ST Salem
Mailing Address

Salem OH | OH | 44460
City | State | ZIP Code

State of Ohio

County of Columbiana

Sworn to or affirmed and subscribed before me by Michael A Carmona
Name of person making oath or affirmation

Hailey Pearl-McKinzie Hane this date 06/12/2025
Today's Date (MM/DD/YYYY)

NOTARY SEAL
Hailey Pearl-McKinzie Hane
Notary Public, State of Ohio
My Commission Expires
July 07, 2029
Commission Number
2024-RE-879274

Hailey Hane
Notary Public's Signature

07/07/2029
Expiration Date of Notary's Commission (MM/DD/YYYY)

DOC ID ----> 202516304284

AFFIDAVIT OF PERSONAL PROPERTY

State of: Ohio

County of: COLUMBIANA

MICHAEL ANDREW CARMONA
Name of Officer

PRESIDENT
Title of Officer

of

MCRC TRANSPORTATION CORP
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

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 or affirmed and subscribed before me by: Michael A Carmona
Name of person making oath or affirmation

on this date: 06/12/2025
Today's Date (MM/DD/YYYY)

NOTARY PUBLIC
Holly Pearl-McKinzie Hane
Notary Public, State of Ohio
My Commission Expires
July 07, 2029
Commission Number
2024-RE-879274

Harley Hane
Notary Public's Signature

07/07/2029
Expiration Date of Notary's Commission (MM/DD/YYYY)

DOC ID ----> 202516304284

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.

Michael A Carmona
Signature

OWNER PRESIDENT
By (if applicable)

MICHAEL ANDREW CARMONA
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name