DOC ID ----> 202621704468

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/06/2026	202621704468	Conversion Within SOS Records (CVS)	4350.00	0.00	0.00	0.00

Receipt

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

SELECTEON CORPORATION
2041 ARLINGATE LN
COLUMBUS, OH 43228

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
1483513

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

SELECTEON CORPORATION

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

Document(s)	Document No(s):
Conversion Within SOS Records	**202621704468**

Effective Date: 08/05/2026

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 6th day of August, A.D. 2026.

Ohio Secretary of State

DOC ID ----> 202621704468

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	SELECTEON CORPORATION
Jurisdiction of Formation	DELAWARE
Charter/Registration Number	1483513

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: SELECTEON CORPORATION

Jurisdiction of Formation: OHIO

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

- [x] Domestic For-Profit Corporation
- [ ] Domestic Professional Association

If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares: 700000

- [ ] 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)**: 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.

THOMAS J. WARD
Name

2041 ARLINGGATE LN.
Address

COLUMBUS | 0 | 43228
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

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

City | OH | ZIP Code
State

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.

Thomas J. Ward
Signature

CHAIRMAN, BOARD OF DIRECTORS
By (if applicable)

THOMAS J. WARD
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202621704468

Form 532A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

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

First: Name of Corporation: SELECTEON CORPORATION

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

Second: Location of Principal Office in Ohio

COLUMBUS — City
Ohio — State
Franklin — 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
700000	Common Shares	0

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

Amount: _____

Optional: Purpose:

ALL LEGAL PURPOSES

** 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

SELECTEON CORPORATION

(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:

THOMAS J. WARD

(Name of Statutory Agent)

2041 ARLINGATE LN.

(Mailing Address)

COLUMBUS | OH | 43228

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

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

Thomas J. Ward

(Signature)

(Signature)

(Signature)

Acceptance of Appointment

The Undersigned, THOMAS J. WARD , named herein as the

(Name of Statutory Agent)

Statutory agent for SELECTEON CORPORATION

(Name of Corporation)

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

Statutory Agent Signature Thomas J. Ward

(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 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.

Thomas J. Ward
Signature

CHAIRMAN BOARD OF DIRECTORS
By (if applicable)

THOMAS J. WARD
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name