



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/09/2026	202604002818	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

Receipt

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

NATIONAL SERVICE INFORMATION, INC.
145 BAKER ST.
ATTN: MARINA REEL
MARION, OH 43302

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
5290397

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
EMERGENCY NETWORKING, LLC

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

Document(s)	Document No(s):
Conversion Within SOS Records	202604002818
Effective Date: 02/06/2026	
CHANGE BUSINESS TYPE FOREIGN 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
9th day of February, A.D. 2026.

Frank LaRose
Ohio Secretary of State

Form 700 Prescribed by:



Telephone: 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	EMERGENCY NETWORKING, INC.	
Jurisdiction of Formation	DELAWARE	
Charter/Registration Number	5290397	

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

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Professional Association	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Domestic Limited Liability Company	<input type="checkbox"/> 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.

RECEIVED - 6 PM 3:21
OHIO SECRETARY OF STATE

Name of the converted entity

Jurisdiction of Formation

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) (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.

Name

Address

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 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

By (if applicable)

William Van Asselt, Chief Legal Officer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of releases from various governmental authorities.

Emergency Networking, Inc.
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.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) <input style="width: 100px; height: 20px;" type="text"/></p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services P.O. Box 182404 Columbus, OH 43218-2404</p> <p>Date Notified (MM/DD/YYYY) <input style="width: 100px; height: 20px;" type="text" value="01/08/2026"/></p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382</p> <p>Date Notified (MM/DD/YYYY) <input style="width: 100px; height: 20px;" type="text" value="02/05/2026"/></p> <p><small>* 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.</small></p>	<p><input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

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

Signature Title

Name

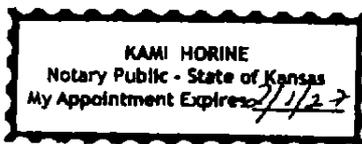
Mailing Address

City State ZIP Code

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

on this date
Today's Date (MM/DD/YYYY)

NOTARY SEAL



Notary Public's Signature

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

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

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

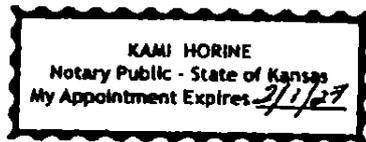
Sworn to or affirmed and subscribed before me by

Name of person making oath or affirmation

on this date

Today's Date (MM/DD/YYYY)

NOTARY SEAL



Notary Public's Signature

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

Form 617 Prescribed by:



INSTRUCTIONS

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 1/2 x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

MAIL TO

Regular Service:
P.O. Box 670
Columbus, OH 43216

OR

Expedite Service:
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

**Registration of a Foreign Limited Liability Company
For a Foreign (Non-Ohio) Limited Liability Company**

**Filing Fee: \$99
Form Must Be Typed
106-LFA**

RECEIVED - 6 PM 3/21
 MAIL SERVICE CENTER

Name of Limited Liability Company in its jurisdiction of formation

Emergency Networking, LLC

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

[Empty text box for assumed name]

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd.")

Jurisdiction of formation

The foreign limited liability company is a foreign limited liability company.

Optional: Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter 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. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.

Original Appointment of Statutory Agent

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

Emergency Networking, 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:

Corporation Service Company
(Name of Statutory Agent)

1160 Dublin Road, Suite 400
(Agent Address - Post office boxes and CMRAs are NOT allowed. See instructions for details.)

Columbus
(City)

Ohio
(State)

43215
(ZIP Code)

Acceptance of Appointment

The Undersigned, Corporation Service Company, named herein as the
(Name of Statutory Agent)

Statutory agent for Emergency Networking, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature *Jorge Feliciano-Amezquita*
(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

This filing must be signed by at least one person authorized by the limited liability company.

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."

B. O. A.

Signature

By (if applicable)

William Van Asselt, Chief Legal Officer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name