Articles of Conversion - Business Entities

Secretary of State Corporation Division 255 Capitol St NE, Suite 151 Salem, OR 97310-1327 sos.oregon.gov/business Phone: (503) 986-2200

FILED: FEB 25, 2026
OREGON SECRETARY OF STATE

154914098-28841814

REGISTRY NUMBER: 1549140-98

TRANSMIR CORP **CNV**

In accordance with Oregon Revised Statute 192.410-192.490 the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary

1. **Name of Business Entity Prior to Conversion:** TRANSMIR LLC
2. **Type of Business Entity Prior to Conversion:** LLC
3. **Name of Business Entity After Conversion:** TRANSMIR CORP
4. **Type of Business Entity After Conversion:** CORPORATION
5. **Will the converted entity have continued existence in Oregon?** Yes ☑ No ☐ If yes, section 8 is required.
6. **If no, where will the jurisdiction be?** _____
7. **Select one of the following:**
   - ☑ A copy of the plan of conversion is attached.
   - ☐ Address where the plan of conversion is on file.

   Address _____

   City _____ State ____ Zip Code _____

   A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.
8. **Provide additional information required for the new entity type. Attach the appropriate articles or application of authority (if the entity will have continued existence in Oregon) for the new business type. Forms can be found at https://sos.oregon.gov/business/Pages/business-registration-forms.aspx (Required)**
9. **Execution:** (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)
   I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: _____ **Printed Name:** GHEORGHEMIRZAC **Title:** PRESIDENT

CONTACT NAME (To resolve questions with this filing)
GHEORGHE MIRZAC

PHONE NUMBER (Include area code)
(971)272-1121

FEES	
Domestic Required Processing Fee	$100
Foreign Required Processing Fee	$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division"
Access a free copy of this form after filing at https://sos.oregon.gov/business/Pages/find.aspx

Received Time Feb. 14. 2026 9:44PM No. 2480

1549140 98

Articles of Incorporation - Business/Professional

Secretary of State Corporation Division 255 Capitol St NE Suite 151 Salem, OR 97310-1327 sos.oregon.gov/business Phone (503) 986-2200

(•) BUSINESS CORPORATION (Complete Items 1, 2, 3, 4, 5, 6, 9 and 12 Items 7, 8, 10 and 11 are optional.)

( ) PROFESSIONAL CORPORATION (Complete all Items. Note: Item 8, 10 and 11 are optional.)

Print Form | Reset Form

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For office use only

Please Type or Print Legibly in **Black Ink. Attach Additional Sheet if Necessary.**

1 **NAME OF CORPORATION:** TRANSMIR CORP

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e. "P.C.", or Prof. Corp"

2 **PRINCIPAL OFFICE:** (Must be a physical street address)

5665 BONITA RD

LAKE OSWEGO, OR 97035

3. **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)

GHEORGHE MIRZAC

4. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an **Oregon Street Address**, which is identical to registered agent's office.)

5665 BONITA RD

LAKE OSWEGO, OR 97035

5. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

5665 BONITA RD

LAKE OSWEGO, OR 97035

6. **NUMBER OF SHARES: (At least one share must be listed.)**

100

7. **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:** *(PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)*

8. **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)

( ) **BENEFIT COMPANY:** The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)

( ) **INDEMNIFICATION:** The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.

( ) **SEE ATTACHED**

9. **WHO IS FORMING THIS BUSINESS? (INCORPORATORS)**

List names and addresses of each incorporator
Attach a separate sheet if necessary.

GHEORGHE MIRZAC

5665 BONITA RD

LAKE OSWEGO, OR 97035

LIST INITIAL PRESIDENT AND SECRETARY NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

10. **INITIAL PRESIDENT** (Name and Address)

11. **INITIAL SECRETARY** (Name and Address)

12. **INDIVIDUAL WITH DIRECT KNOWLEDGE**

List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.

GHEORGHE MIRZAC

5665 BONITA RD

LAKE OSWEGO, OR 97035

13. **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)**

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
	GHEORGHE MIRZAC	PRESIDENT

CONTACT NAME: (To resolve questions with this filing) **PHONE NUMBER:** (Include area code)

GHEORGHE MIRZAC (971)272-1121

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FEES

Required Processing Fee $100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.