Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sale[illegible] Phone: (503) 986-2200

FILED: MAY 26, 2022
OREGON SECRETARY OF STATE

52801090-23420726

REGISTRY NUMBER: 528010-90

PRODAGE GO INC **CNV**

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

For office use only

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

1. **Name of Business Entity Prior to Conversion:** UNITED AUTO SALES LLC

2. **Type of Business Entity Prior to Conversion:** LLC

3. **Name of Business Entity After Conversion:** PRODAGE GO INC

4. **Type of Business Entity After Conversion:** S CORP

5. **Will the converted entity have continued existence in Oregon?** **Yes** ☒ **No** ☐

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 7739 NE 21ST AVE

City PORTLAND State OR Zip Code 97211

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 new entity type. (Required)**

See attached

9. **Oregon Corporation and Limited Liability Company Requirement:**

☐ Oregon Corporations and Limited Liability Companies comply with House Bill 2191 by attaching an information change form or document that includes the Principal Place of Business and Individual with Direct Knowledge.

10. **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: [signature] **Printed Name:** Peter Krygachun **Title:** Owner

CONTACT NAME: (To resolve questions with this filing)

Lola Pono

PHONE NUMBER: (Include area code)

253-709-3008

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

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.

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.)

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1. **NAME OF CORPORATION:** PRODAGE GO INC

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)

7739 NE 21ST AVE

PORTLAND OR 97211

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

ANDREI SHEVCHENKO

4. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

(Must be an **Oregon Street Address**, which is identical to registered agent's office.)

7739 NE 21ST AVE PORTLAND

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

7739 NE 21ST AVE

PORTLAND OR 97211

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.

PETER KRYACHUN 7739 NE 21ST AVE Portland OR 972

ANDREI SHEVCHENKO 7739 NE 21ST AVE Portland OR 97211

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

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

ANDREI SHEVCHENKO

2726 NE 88TH PL VANCOUVER WA 98662

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

PETER KRYACHUN

7739 NE 21ST AVE

Portland OR 97211

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.

ANDREI SHEVCHENKO

7739 NE 21ST AVE

Portland OR 97211

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:**
	ANDREI SHEVCHENKO	PRESIDENT
	PETER KRYACHUN	SECRETARY

CONTACT NAME: (To resolve questions with this filing) LOLA PONO

PHONE NUMBER: (Include area code) 253-709-3008

FEES

Required Processing Fee $100

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