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: DEC 1, 2023
OREGON SECRETARY OF STATE

9126913-25586321

STONER ELECTRIC, LLC **CNV**

REGISTRY NUMBER: 091269-13

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public re
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:** Stoner Electric, Inc.
2. **Type of Business Entity Prior to Conversion:** Corporation
3. **Name of Business Entity After Conversion:** Stoner Electric, LLC
4. **Type of Business Entity After Conversion:** Limited Liability Company

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 1904 SE Ochoco St.

   City Milwaukie State OR Zip Code 97222

   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)**

9. **Oregon Corporation and Limited Liability Company Requirement:**
   ☑ Oregon Corporations and Limited Liability Companies must include the Principal Place of Business and Individual with Direct Knowledge. Include it in your document or attach an information change form.

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: Signed by: Jon Karp 2EE63ABC62C245A...	**Printed Name:** Jon Karp	**Title:** President

CONTACT NAME: (To resolve questions with this filing)
Poonam Bora

PHONE NUMBER: (Include area code)
206-447-6216

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 Organization - Limited Liability Company

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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 LIMITED LIABILITY COMPANY:** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Stoner Electric, LLC

2. **DURATION:** (Please check one.)

(•) Duration shall be perpetual.

( ) Latest date upon which the Limited Liability Company is to dissolve is _____

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

1904 SE Ochoco St.

Milwaukie, OR 97222

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

Cogency Global, Inc

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

698 12th St. SE Suite 200

Salem, OR 97301

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

1904 SE Ochoco St.

Milwaukie, OR 97222

7. **HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?**

(•) This LLC will be member-managed by one or more members.

( ) This LLC will be manager-managed by one or more managers.

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

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

BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013. (additional requirements apply)

X INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.

SEE ATTACHED

10. **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (ORGANIZER)

Poonam Bora

1111 Third Avenue, Ste 3000

Seattle, WA 98101

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

11. **OWNERS: (MEMBERS)** (Names and Addresses)

SEG Partner Holdings Inc.

1904 SE Ochoco St.

Milwaukie, OR 97222

12. **MANAGERS: (MANAGERS)** (Names and Addresses)

13. **INDIVIDUAL WITH DIRECT KNOWLEDGE** (Name and Address) List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

Jon Karp

1904 SE Ochoco St.

Milwaukie, OR 97222

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

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 members, managers, employees or agents of the limited liability company. 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: Docusigned by:	**PRINTED NAME:**	**TITLE:**
Jon Karp 2EE63ABC52C245A...	Jon Karp	President of Member

CONTACT NAME: (To resolve questions with this filing)

Poonam Bora

PHONE NUMBER: (Include area code)

206-447-6216

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