

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	10/17/2013

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
McLeod & Associates Ltd.		10/17/2013	LIMITED LIABILITY COMPANY: OHIO

RECEIVING PARTY DATA

Name:	ARCOS, Inc.
Street Address:	445 Hutchinson Avenue
Internal Address:	Suite 700
City:	Columbus
State/Country:	OHIO
Postal Code:	43235
Entity Type:	CORPORATION: OHIO

PROPERTY NUMBERS Total: 6

Property Type	Number	Word Mark
Serial Number:	85801551	ARCOS
Serial Number:	85801658	A
Serial Number:	85801573	ARCOS
Serial Number:	85801564	ARCOS
Serial Number:	85801668	SIREN
Serial Number:	85801628	SIREN

CORRESPONDENCE DATA

Fax Number: 2165790212
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.
 Phone: 216-586-7149
 Email: mhmisitigh@jonesday.com

CH \$165.00 85801551

Correspondent Name: Angela R. Gott
Address Line 1: Jones Day
Address Line 2: North Point, 901 Lakeside Avenue
Address Line 4: Cleveland, OHIO 44114-1190

NAME OF SUBMITTER:	Angela R. Gott
Signature:	/Angela R. Gott/
Date:	11/05/2013

Total Attachments: 8
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source=ML&A - Merger#page7.tif
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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/21/2013	201329400679	MERGER/DOMESTIC (MER)	125.00	.00		.00	.00

Receipt

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

PAPPAS GIBSON LLC
 ROBERT T. PAPPAS
 9999 BREWSTER LN., #101
 POWELL, OH 43065

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1580624

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

ARCOS, INC.

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

Document(s)
MERGER/DOMESTIC

Document No(s):
201329400679

Effective Date: 10/17/2013



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 21st day of October,
 A.D. 2013.

Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/21/2013	201329400679	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

Receipt

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

PAPPAS GIBSON LLC
ROBERT T. PAPPAS
9999 BREWSTER LN., #101
POWELL, OH 43065

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

1161850

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

MCLEOD & ASSOCIATES LTD.

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

Document(s)

MERGED OUT OF EXISTENCE

Document No(s):

201329400679

Effective Date: 10/17/2013



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 21st day of October,
A.D. 2013.

Ohio Secretary of State



Form 551 Prescribed by:
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Make checks payable to Ohio Secretary of State

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Certificate of Merger

Filing Fee: \$125

(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

I. (Surviving) Entity

A. Name of Entity Surviving the Merger

B. Name Change: As a result of this merger, the name of the surviving entity has changed to the following

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)

1. Domestic (Ohio entity) Foreign (Non-Ohio Entity)

Jurisdiction of formation

2. Charter/Registration/License Number

(if licensed in Ohio as domestic or foreign)

3. For-Profit Corporation

Nonprofit Corporation

For-Profit Limited Liability Company

Nonprofit Limited Liability Company

Partnership

Limited Partnership

Limited Liability Partnership

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RECEIVED

II. CONSTITUENT ENTITY

Provide the name, Ohio charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities).

Entity Name	Ohio Charter/License/Registration Number	Jurisdiction of Formation	Type of Entity
McLeod & Associates Ltd.	1161850	Ohio	LLC

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

Mitchell B. McLeod
Name

445 Hutchinson Avenue, Suite 700
Mailing Address

Columbus
City

OH
State

43235
Zip Code

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on (The date specified must be on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

VI. STATEMENT OF MERGER

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VII. STATUTORY AGENT - To be filed ONLY if the surviving entity is a foreign entity not licensed in Ohio. If the surviving entity is a foreign entity NOT licensed to transact business in Ohio, provide the name and address of a statutory agent upon whom any process, notice or demand may be served.

Name

Mailing Address

City

State

Zip Code

Note: The statutory agent must be an Ohio resident; an Ohio corporation; or a foreign corporation licensed to do business in Ohio and has an Ohio address.

VIII. AMENDMENTS

If a domestic corporation, limited liability company or limited partnership survives the merger, any amendments to the entity's articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

Amendments are attached

No Amendments

IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.66 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

- Foreign Qualifying Corporation Form 530A or B and Certificate of Good Standing
- Foreign Notice (if qualifying entity is a foreign bank, savings bank, or savings and loan association) Form 552
- Foreign Qualifying Limited Liability Company Form 533B
- Foreign Qualifying Limited Partnership Form 531B
- Foreign Qualifying Limited Liability Partnership Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

ARCOS, Inc.
Name of entity

By: *Michael A. McLeod*
Signature

Its: President
Title

McLeod & Associates Ltd.
Name of entity

By: *Michael A. McLeod*
Signature

Its: Manager
Title

Name of entity

By:
Signature

Its:
Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

[Empty box for Name of Corporation]

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 *Only required for domestic for-profit corporations	[Empty box]	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	[Empty box] Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]	[Empty box]	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

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

Signature [Empty box] Title [Empty box]

[Empty box]
Name

[Empty box]
Mailing Address

[Empty box] [Empty box] [Empty box]
City State Zip Code

Acknowledged before me and subscribed in my presence on [Empty box]
Date

Seal [Empty box] Commission Expires [Empty box]
Notary Public Date

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Section of the Ohio Revised Code.

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)

Signature:

Title:

Acknowledged before me and subscribed in my presence on

Date

Seal

Notary Public

Expiration date of Notary Public's Commission

Date