

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM301146

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
STOREPLAN USA CORP		04/01/2014	CORPORATION: CALIFORNIA
RECEIVING PARTY DATA			
Name:	SAMMY S SON		
Street Address:	21023 S. MAIN ST. UNIT A		
City:	CARSON		
State/Country:	CALIFORNIA		
Postal Code:	90745		
Entity Type:	INDIVIDUAL: UNITED STATES		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	86141864	OKRUMONG	
Serial Number:	86142210	OKRUMONG	
CORRESPONDENCE DATA			
Fax Number:	3109619096		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	3107559764		
Email:	SYANG@STBLUECA.COM		
Correspondent Name:	STEVEN YANG		
Address Line 1:	21023 S. MAIN ST. UNIT A		
Address Line 4:	CARSON, CALIFORNIA 90745		
NAME OF SUBMITTER:	SAMMY S. SON		
SIGNATURE:	/SAMMY S. SON/		
DATE SIGNED:	04/11/2014		
Total Attachments: 3			
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OP \$65.00 86141864



State of California Secretary of State

S

Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)
FEES (Filing and Disclosure): \$25.00.
If this is an amendment, see instructions.

**E-T43972
FILED**

In the office of the Secretary of
State of the State of California

Jul - 24 2013

This Space For Filing Use Only

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **CORPORATE NAME**
STOREPLAN USA CORPORATION
21023 MAIN ST. BLDG. E2 #A
CARSON CA 90745

2. **CALIFORNIA CORPORATE NUMBER** C3587412

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.
 If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
21023 MAIN ST. BLDG. E2 #A CARSON CA 90745			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
21023 MAIN ST. BLDG. E2 #A CARSON CA 90745			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
SAMMY M SON	21023 MAIN ST. BLDG. E2 #A CARSON CA 90745			
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
SAMMY M SON	21023 MAIN ST. BLDG. E2 #A CARSON CA 90745			
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
SAMMY M SON	21023 MAIN ST. BLDG. E2 #A CARSON CA 90745			

Names and Complete Addresses of All Directors, Including Directors Who Are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
SAMMY M SON	21023 MAIN ST. BLDG. E2 #A CARSON CA 90745			
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process: If the agent is an individual, the agent must reside in California and item 15 must be completed with a California street address. a P.O.Box address is not acceptable. If the agent is another corporation, the agent must have on file with this California Secretary of State a certificate pursuant to California Corporations Code section 1506 and item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

SAMMY M SON

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
21023 MAIN ST. BLDG. E2 #A CARSON CA 90745			

Type of Business

18. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION.
JUICE AND COFFEE SHOP

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

07/24/2013

SAMMY M SON

PRESIDENT

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

3587412

FILED
Secretary of State
State of California

JUL 19 2013

1 CC

ARTICLES OF INCORPORATION
OF
STOREPLAN USA CORPORATION

I

The name of this corporation is STOREPLAN USA CORPORATION.

II

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the **GENERAL CORPORATION LAW** of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

III

The name and address in the State of California of this corporation's initial agent for service of process is:

Name: SAMMY M. SON

Address: 21023 MAIN ST BLDG E2 #A CARSON, CA 90745

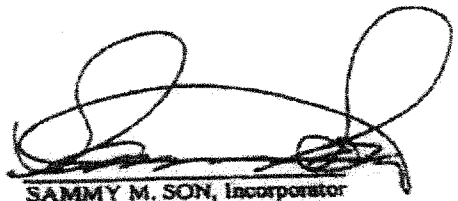
IV

The initial street address and mailing address in the State of California of this corporation is 21023 Main Street Bldg E2 #A Carson, CA 90745.

V

This corporation is authorized to issued only one class of shares of stock; and the total number of shares which this corporation is authorized to issue 1,000,000 shares of capital stock.

Dated : July 19, 2013



SAMMY M. SON, Incorporator



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

JUL 22 2013 GS

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State

TRADEMARK

REEL: 005258 FRAME: 0544

RECORDED: 04/11/2014