

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM355954

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Constare Group, The		12/31/2012	LIMITED LIABILITY COMPANY: INDIANA
RECEIVING PARTY DATA			
Name:	Constare Group, The		
Street Address:	PO BOX 352251		
City:	Toledo		
State/Country:	OHIO		
Postal Code:	43635		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3694968	CONSTARÉ	
CORRESPONDENCE DATA			
Fax Number:	8883017861		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	8882710803		
Email:	ryan.d.butt@gmail.com		
Correspondent Name:	Ryan D Butt		
Address Line 1:	PO BOX 352251		
Address Line 4:	Toledo, OHIO 43635		
NAME OF SUBMITTER:	Ryan D Butt		
SIGNATURE:	/Ryan D Butt/		
DATE SIGNED:	09/22/2015		
Total Attachments: 8			
source=Constare Cert. of Inc. - 1-1-2013#page1.tif			
source=Constare Cert. of Inc. - 1-1-2013#page2.tif			
source=Constare Cert. of Inc. - 1-1-2013#page3.tif			
source=Constare Cert. of Inc. - 1-1-2013#page4.tif			
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OP \$40.00 3694968

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source=Constare-Website-Logo - Samples in Use#page1.tif



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/31/2012	201236301507	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	125.00	.00		.00	.00

Receipt

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

THE CONSTARE' GROUP, LLC
 ATTN R D BUTT
 P O B OX 352251
 TOLEDO, OH 43635

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2161495

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

THE CONSTARE' GROUP, LLC

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

Document(s):
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Document No(s):
201236301507



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 1st day of January, A.D.
 2013.

Ohio Secretary of State



Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

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

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

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

RECEIVED

**Articles of Organization for a Domestic
Limited Liability Company**

Filing Fee: \$125

DEC 26 2012
SECRETARY OF STATE

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date
(Optional) mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional) Period of Existence

Purpose (Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

The Constaré Group, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

B. Riku Ahluwalia

Name of Agent

PO Box 352251

Mailing Address

Toledo

City

Ohio

State

43635

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, B. Riku Ahluwalia named herein as the statutory agent for
Statutory Agent Name

Statutory agent for The Constaré Group, LLC
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature *B. Riku Ahluwalia*
Individual Agent's Signature / Signature on Behalf of Corporate Agent

If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

Ryan D Butt
Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Ryan D. Butt
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

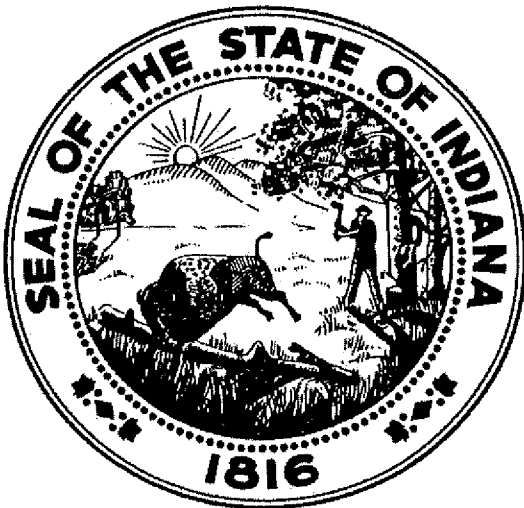
**State of Indiana
Office of the Secretary of State**

**CERTIFICATE OF DISSOLUTION
of
THE CONSTARE GROUP, LLC.**

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Articles of Dissolution of the above Domestic Limited Liability Company (LLC) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, December 26, 2012.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 26, 2012.



Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE

2005110800499 / 2012122868089

INDIANA SECRETARY OF STATE

RECEIPT

Receipt Number : 1851638

Payment Entry Number : 765289

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
(317) 232-6576

THE CONSTARE GROUP, LLC
PO BOX 352
SOUTH BEND, IN 46556

Receipt Date: 12/28/2012
Receipt Status: Closed

The following details your transaction(s) with the Secretary of State's Office :

Payment Submitted:

Payor	Payment Type	Reference	Comment	Amount
THE CONSTARE GROUP, LLC	Check/ MO	224		\$30.00
Total Amount :				\$30.00

Transactions posted to this receipt:

Entity Name	Type of Filing	Amount
THE CONSTARE GROUP, LLC.	Domestic Limited Liability Company (LLC) : Articles of Dissolution	\$30.00
Total Amount :		\$30.00

Below is a screenshot of the Constare website where it clearly demonstrates that the servicemark is in use and has been since approval received in 2009.



Below is the logo of the Constare Group, which goes onto all marketing materials and letterheads.

