

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM414006

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
JCDDOUGLAS LLC		12/31/2016	Limited Liability Company:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Joshua Douglas		
<b>Street Address:</b>	139 Cambria Grove Circle		
<b>City:</b>	Davenport		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33837		
<b>Entity Type:</b>	INDIVIDUAL: UNITED STATES		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5020027	FRONUT	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>			
<b>Email:</b>	jcddouglas@yahoo.com		
<b>Correspondent Name:</b>	Joshua Douglas		
<b>Address Line 1:</b>	139 Cambria Grove Circle		
<b>Address Line 4:</b>	Davenport, FLORIDA 33837		
<b>NAME OF SUBMITTER:</b>	Joshua Douglas		
<b>SIGNATURE:</b>	/Joshua Douglas/		
<b>DATE SIGNED:</b>	01/29/2017		
<b>Total Attachments: 4</b>			
source=Articles of Organization#page1.tif			
source=Articles of Organization#page2.tif			
source=Articles of Organization#page3.tif			
source=Articles of Organization#page4.tif			

OP \$40.00 5020027



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/27/2013	201323801189	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00		.00	.00

**Receipt**

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

JOSHUA DOUGLAS  
5809 FIELDCREST DR.  
GALLOWAY, OH 43119

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**2224850**

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

**JCDDOUGLAS LLC**

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

Document(s)

**ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.**

Document No(s):

**201323801189**

**Effective Date: 08/23/2013**



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 27th day of August, 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  
Busseiv@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

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

Filing Fee: \$125

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)  (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)  
mm/dd/yyyy

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.

2013 AUG 23 PM 2:42

### ORIGINAL APPOINTMENT OF AGENT

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

JCDDouglas 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

Joshua Douglas

Name of Agent

5809 Fieldcrest Drive

Mailing Address

Galloway

City

Ohio

State

43119

ZIP Code

### ACCEPTANCE OF APPOINTMENT

The undersigned, Joshua Douglas named herein as the statutory agent

Statutory Agent Name

for JCDDouglas LLC

Name of Limited Liability Company

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

Statutory Agent Signature

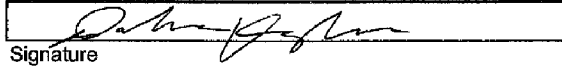
Individual Agent's Signature / Signature on Behalf of Corporate Agent

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.

  
Signature

By (if applicable)

Joshua Douglas  
Print Name

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