

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM419559

<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>
Supreme Brands, LLC		12/14/2016	Limited Liability Company: MINNESOTA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Supreme Brands, LLC		
<b>Street Address:</b>	420 East Third Street		
<b>Internal Address:</b>	Suite 805		
<b>City:</b>	Los Angeles		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	90013		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87004491	EVOLVE	
<b>Serial Number:</b>	87004531	SURGE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6123499266		
<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>Phone:</b>	6123495740		
<b>Email:</b>	trademark@ptslaw.com		
<b>Correspondent Name:</b>	Patterson Thuente Pedersen PA		
<b>Address Line 1:</b>	80 South 8th Street		
<b>Address Line 2:</b>	Suite 4800 IDS Center		
<b>Address Line 4:</b>	Minneapolis, MINNESOTA 55402		
<b>ATTORNEY DOCKET NUMBER:</b>	4915.06US01_05US01		
<b>NAME OF SUBMITTER:</b>	Kyle T. Peterson		
<b>SIGNATURE:</b>	/Kyle T. Peterson/		
<b>DATE SIGNED:</b>	03/14/2017		
<b>Total Attachments: 6</b>			
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source=Supreme Brands conversion to FLorida LLC#page6.tif



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2016

LAW OFFICES MITSUMORI & LA SALLE  
420 E THIRD ST., #806  
LOS ANGELES, CA 90013

Re: Document Number L16000226754

The Articles of Conversion and Articles of Organization were filed December 14, 2016, with an organizational date deemed effective May 19, 2015, for SUPREME BRANDS, L.L.C., the resulting Florida Limited Liability Company.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to [www.irs.gov](http://www.irs.gov).

Should you have any further questions concerning this matter, please feel free to call (850) 245-6051, the Registration Filing Section.

Matthew T Moon  
Regulatory Specialist II  
Division of Corporations

Letter Number: 816A00026717

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32309-0327

**TRADEMARK**  
**REEL: 006009 FRAME: 0608**

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Conversion, and Articles of Organization, filed on December 14, 2016, with an organizational date deemed effective May 19, 2015, for SUPREME BRANDS, L.L.C., the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L16000226754.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Fifteenth day of December, 2016



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

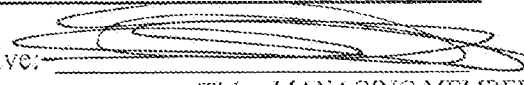
TRADEMARK

REEL: 006009 FRAME: 0609

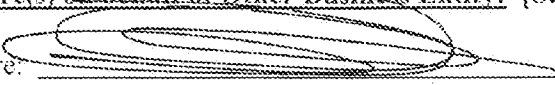


Signed this 13th day of December 20 16

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: DAVID M. LA SALLE Title: MANAGING MEMBER

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:   
Printed Name: DAVID M. LA SALLE Title: MANAGING MEMBER

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

16 DEC 14 PM 2:50  
STATE OF FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPREME BRANDS, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

420 EAST THIRD STREET, #806  
LOS ANGELES, CALIFORNIA 90013

420 EAST THIRD STREET, #806  
LOS ANGELES, CALIFORNIA 90013

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BUSINESS FILINGS INCORPORATED

Name

1200 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box NOT acceptable)

PLANTATION

FL 33324

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

*Brenna Foster, Asst. Secretary*  
Registered Agent's Signature (REQUIRED)  
*for Business Filings Incorporated*  
(CONTINUED)

TO BE FILED IN CH 2:50  
SECRETARY OF STATE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

DAVID M. LA SALLE

420 EAST THIRD STREET, #806

LOS ANGELES, CALIFORNIA 90013

\_\_\_\_\_  
\_\_\_\_\_  
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MAR 14 2017  
FILING

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

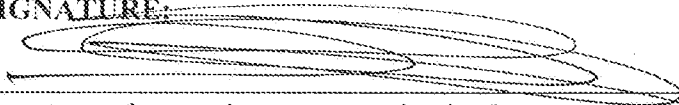
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DAVID M. LA SALLE

Typed or printed name of signee

**Filing Fees**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)      \$ 5.00 Certificate of Status (Optional)