

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM425903

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Hillside Orchards		12/29/2016	Partnership: MICHIGAN
RECEIVING PARTY DATA			
Name:	Hillside Orchards, LLC		
Street Address:	8198 Fleisher Lane		
City:	BERRIEN SPRINGS		
State/Country:	MICHIGAN		
Postal Code:	49103		
Entity Type:	Limited Liability Company: MICHIGAN		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	87206634	HILLSIDE ORCHARDS	
CORRESPONDENCE DATA			
Fax Number:	2699830774		
<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:	(269) 983-0755		
Email:	bob@tagliafirm.com		
Correspondent Name:	Robert L. Judd		
Address Line 1:	720 State Street, P.O. Box 890		
Address Line 4:	ST. JOSEPH, MICHIGAN 49085		
ATTORNEY DOCKET NUMBER:	8429.01-4		
NAME OF SUBMITTER:	Robert L. Judd		
SIGNATURE:	/Robert L Judd/		
DATE SIGNED:	05/02/2017		
Total Attachments: 3			
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source=Hillside Orchards, LLC Certificate of Conversion#page3.tif			

OP \$40.00 87206634

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the ARTICLES OF ORGANIZATION & CERT. OF CONVERSION

for

HILLSIDE ORCHARDS, LLC

ID NUMBER: F0895V

received by facsimile transmission on January 11, 2017 is hereby endorsed.

Filed on January 20, 2017 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of January, 2017.

Julia Dale

**Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau**

CSCI/CD-753 (Rev. 08/15)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name

Craig P. Jennings - Bittner Jennings Attorneys

Address

PO Box 290

City

St. Joseph,

State

MI

ZIP Code

49085

EFFECTIVE DATE:

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

ARTICLES OF ORGANIZATION AND CERTIFICATE OF CONVERSION

For use by Domestic Partnerships or Domestic Limited Partnerships
to convert to a Domestic Limited Liability Company
(Please read information and instruction on last page)

B

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:

ARTICLE I

The name of the limited liability company is: Hillside Orchards, LLC

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

The duration of the limited liability company if other than perpetual is: perpetual

ARTICLE IV

1. The street address of the location of the registered office is:

6198 Fleisher Lane, Berrien Springs, Michigan 49103
(Street Address) (City) (ZIP Code)

2. The mailing address of the registered office, if different than above:

_____, Michigan _____
(Street Address or P.O. Box) (City) (ZIP Code)

3. The name of the resident agent is: Sarah J. Thelen

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

[Empty box for Article V provisions]

01/11/2017 2:01PM (GMT-05:00)

Signed this 29 day of December 2016

Sarah J. Thelen Paul B. Thelen
(Signature(s) of Organizer(s))

Sarah J. Thelen Paul B. Thelen
(Type or Print Name(s) of Organizer(s))

CERTIFICATE OF CONVERSION

I hereby certify:

The name of the partnership or limited partnership is Hillside Orchards
(name)

For Partnerships only:

The partnership was formed December 8, 2010
(date)

For Limited Partnerships only:

The limited partnership formed on _____ is cancelled as of the effective date of the
(date)
Articles of Organization.

Sarah J. Thelen Paul B. Thelen
(signature)

Sarah J. Thelen Paul B. Thelen
(name)

Co-Partner Co-Partner
(title or capacity)

01/11/2017 2:01PM (GMT-05:00)