TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM454319

SUBMISSION TYPE: NEW ASSIGNMENT

ENTITY CONVERSION NATURE OF CONVEYANCE:

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Flavor Producers, Inc.		12/07/2017	Corporation: CALIFORNIA

RECEIVING PARTY DATA

Name:	Flavor Producers, LLC
Street Address:	28350 Witherspoon Parkway
City:	Valencia
State/Country:	CALIFORNIA
Postal Code:	91355
Entity Type:	Limited Liability Company: CALIFORNIA

PROPERTY NUMBERS Total: 4

Property Type	Number	Word Mark
Registration Number:	4885332	ISOZ
Registration Number:	4885331	EMULZ
Registration Number:	5178897	PEELZ
Serial Number:	86650330	TRU BRUZ

CORRESPONDENCE DATA

Fax Number: 5139778141

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.

Phone: 5139778527

Email: april.besl@dinsmore.com

Correspondent Name: April L. Besl

255 E. 5th Street, Suite 1900 Address Line 1: Address Line 4: Cincinnati, OHIO 45202

NAME OF SUBMITTER:	April L Besl
SIGNATURE:	/april I besl/
DATE SIGNED:	12/13/2017

Total Attachments: 4

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Thank You for Doing Business in California

Congratulations on the registration of your limited liability company with the California Secretary of State (SOS). Please see below for important information.

The details of your business entity and free images of filings are available online at BusinessSearch.sos.ca.gov. For additional information about starting a new business in California, go to www.sos.ca.gov/business/be/starting-business-checklist.

What's next? Required Filings

SOS Statement of Information – Limited liability companies must fill out and file a complete Statement of Information (Form LLC-12) within the <u>first 90 days</u> of registering with the SOS, and every 2 years thereafter before the end of the calendar month of the original registration date.

How can you file your Statement of Information?

- Online Service:
 - Submit your Statement of Information online at LLCbizfile.sos.ca.gov.
- Other Submission Options:
 - Submit your Statement of Information by mail to the SOS's Sacramento office; or
 - Submit your Statement of Information (drop off) at the SOS's Sacramento office.
- Additional information regarding Statements of Information, including forms, instructions and fees is available at www.sos.ca.gov/business/be/statements.

<u>Franchise Tax Board (FTB) Tax Filing</u> – Once your limited liability company is registered with the SOS, you are required to file a tax return with FTB for each taxable year even if you are not conducting business or have no income. Contact FTB at *ftb.ca.gov* or (800) 852-5711 for forms and requirements concerning franchise taxes or income taxes.

Be aware, if you fail to file a return by the original or extended due date, or fail to pay taxes when due, a penalty may be imposed by FTB. Please visit ftb.ca.gov/businesses/Penalty-Information.shtml for tax penalty related information.

Other Business Information and Resources

All business entities are subject to state and federal tax laws. You may wish to contact the following agencies to assist you with these issues:

- Internal Revenue Service irs.gov or call (800) 829-1040 for forms and issues concerning Federal tax, employer identification numbers, subchapter S elections.
- State Board of Equalization –boe.ca.gov or call (800) 400-7115 for forms and issues concerning sales taxes or use taxes.
- Employment Development Department edd.ca.gov or call (800) 300-5616 for forms and issues
 concerning employment and payroll taxes.
- CalGold calgold.ca.gov for appropriate permit, licensing, and contact information for the various agencies that administer and issue these permits.
- SOS Business Resources www.sos.ca.gov/business/be/resources for a list of agencies you may
 need to contact to ensure proper compliance with California state law.
- CA Governor's Office of Business and Economic Development (Go-Biz) business.ca.gov for a range of business services including, site selection and permit assistance.

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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: FLAVOR PRODUCERS, LLC

FILE NUMBER: FORMATION DATE:

201734210084 12/07/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

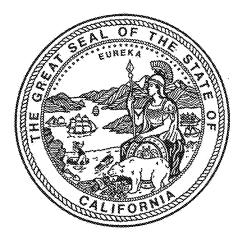
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 8, 2017.

ALEX PADILLA Secretary of State

TMH



with the company with the Area Conservation

State of California Secretary of State

1097558 Out

Limited Liability Company Articles of Organization - Conversion

IMPORTANT --- Road all instructions before completing

FII 201734210084 LLC-1A

FILED & Secretary of State
State of California

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init cut that is not all significal	ons perore completing this for	u. [\$	This Spa	ce For Filing L	Ise Only
Converted Entity Information	**************************************	***************************************	\$2000 A 1000	00000000000000000000000000000000000000	**************************************
Name of Limited Liability Company (The Limited and Company may be abbreviate	name must include the words Limi d to Ltd. and Co., respectively.)	ted Liability Co	npany or the abbre	viations LLC	or L.L.C. The words
Flavor Producers, LLC					
The purpose of the limited liability computed under the California Revised Uniform Lim	any is to engage in any lawful act ited Llability Company Act.	or activity for	which a limited liab	lity company	may be organized
The limited liability company will be mana	ged by (check only one):	*****		***************************************	
One Manager	More Than One Manager		All Limited Liab	ility Company	Member(s)
4. Initial Street Address of Limited Liability C		Cit	y	State	Zip Code
8521 Fallbrook Ave., Suite 380), West Hills			CA S	91304
 Initial Mailing Address of Limited Liability (Company, if different from Item 4	Cit	у	State	Zip Code
6. Initial Agent for Service of Process: Item section 1505 that agrees to be your agent for list the agent's CA business or residential separtnership or general partnership, list the teaddress for service of process is already on the contract of the c	r service of process. You may not lis street address, item 6c: If the agent he agent's mailing address. Do not	t the converted o	infity as the agent,	tem 55: If the	agent is an individual,
 a. Name of Agent For Service of Process 			والموالة والوالة ورائة والمنافضات والمناف وسنتنثث الأريث سيورون ويريين	*********	
Paracorp Incorporated					
b. If an Individual, Street Address of Age	nt for Service of Process - Do not ii.	st a P.O. Box	City	State CA	Zip Code
c. If an Individual, Mailing Address of Age	ent for Service of Process		City	State	Zip Code
Converting Entity Information	20000000000000000000000000000000000000	000000000000000000000000000000000000000	PAYSAAAAAAAAAA	**************************************	PARTITION OF THE PARTIT
7. Name of Converting Entity		***************************************	***************************************	***************************************	
Flavor Producers, Inc.					
8. Form of Entity	9. Jurisdiction	10	. CA Secretary of s	State File Nun	nber, if any
Corporation	California		1097558		
The principal terms of the plan of converexceeded the vote required. If a vote was	sion were approved by a vote of required, the following was require:	the number of for each class	interacts or chares		
The class and number of outstanding interests entitled to vote AND The percentage vote in 100,000 Common Shares 51%			····	of each class.	
Additional Information	NAMES AND THE PROPERTY OF THE	***************************************	***************************************	***************************************	***************************************
12. Additional information set forth on the attac	thed pages, if any, is incorporated i	erein by this re	ference and made	part of this ce	rtificate.
 I certify under penalty of perjury that the c execution is my act and deed. 	contents of this document are true	I declare I an	1 the person who	executed this	instrument, which
Jeff Harris, President					000000
Signature of Authorized Person	Type or Print Name and Title of Authorized Person				
	<i>III</i>				
Signature of Authorized Person	Dan Lutz, Chief Financial Officer Type or Print Name and Title of Authorized Person				7
LLC-1A (REV 01/2016)	APPROVED BY SECRETARY OF STATE				

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Thereby certify that the foregoing branscalet of Page(s) is a full, true and consect copy of the original record in the custody of the California Secretary of State's office.

DEC 0.8 2017

Date:_____

ALEX PACILLA, Secretary of State

TRADEMARK

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RECORDED: 12/13/2017