

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM477749

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Nature's One, Inc.		08/02/2017	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Nature's One, LLC		
Street Address:	4400 Easton Commons Way		
City:	Columbus		
State/Country:	OHIO		
Postal Code:	43219		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 16			
Property Type	Number	Word Mark	
Serial Number:	87518207	NATURE'S ONE	
Serial Number:	87773777	ELECTROVANCE	
Serial Number:	87592278	A BETTER START FOR LIFE	
Serial Number:	87518190	WE MAKE ORGANIC BETTER	
Registration Number:	5465065	PURE10	
Registration Number:	4124728	LACTORELIEF	
Registration Number:	4387025	PURE10 PLEDGE	
Registration Number:	4444981	PURE10 PLEDGE	
Registration Number:	3370212	PEDIAVANCE	
Registration Number:	3230843	PEDIASMART	
Registration Number:	3374337	BIOFINISH	
Registration Number:	3374336	BIOAIDE	
Registration Number:	3374335	BIOSMART	
Registration Number:	2796079	BABY'S ONLY ESSENTIALS	
Registration Number:	2563813	BABY'S ONLY ORGANIC	
Registration Number:	2504996	NATURE'S ONE	
CORRESPONDENCE DATA			
Fax Number:	2025339099		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent</i>			
TRADEMARK			

CH \$415.00 87518207

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 330-208-1000
Email: iplaw@vorys.com
Correspondent Name: Mark A. Watkins
Address Line 1: P.O. Box 2255
Address Line 2: Vorys, Sater, Seymour and Pease LLP
Address Line 4: Columbus, OHIO 43216-2255

ATTORNEY DOCKET NUMBER:	068761-000014
NAME OF SUBMITTER:	Mark A. Watkins
SIGNATURE:	/Mark A. Watkins/
DATE SIGNED:	06/12/2018

Total Attachments: 10

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/02/2017	201721400820	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

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

VORYS, SATER, SEYMOUR AND PEASE LLP
 ATTN: TED B HISHER
 52 E GAY ST PO BOX 1008
 COLUMBUS, OH 43216

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
 1001411

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

NATURE'S ONE, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 08/02/2017

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

201721400820



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
 2nd day of August, A.D. 2017.

Jon Husted

Ohio Secretary of State



Form 700 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
bussonv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1380
Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Converting Within The Records of the Ohio Secretary of State

(2) Converting Off The Records of the Ohio Secretary of State
(187-VXX)

Name of the converting entity
Jurisdiction of Formation
Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

- Domestic Corporation (For-Profit or Nonprofit)
- Foreign Corporation (For-Profit or Nonprofit)
- Domestic Nonprofit Limited Liability Company
- Foreign Nonprofit Limited Liability Company
- Domestic For-Profit Limited Liability Company
- Foreign For-Profit Limited Liability Company
- Partnership
- Domestic Limited Partnership
- Foreign Limited Partnership
- Domestic Limited Liability Partnership
- Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity Jurisdiction of Formation

The converted entity is a:

(Check Only (1) One Box)

- | | |
|---|---|
| <input type="checkbox"/> Domestic Corporation (For-Profit) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company | <input type="checkbox"/> Foreign Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company | |

Effective Date
(Optional)

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

*To be effective as of 2:10 p.m., Eastern Time.

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City

State

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

State

Zip Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required

Must be signed by an authorized representative.


Signature

By (if applicable)

Jay C. Highman
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Nature's One, Inc.

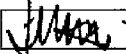
Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 *Only required for domestic for-profit corporations	07/31/17	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	07/31/17 Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]		The corporation is not required to pay or the <input checked="" type="checkbox"/> department of taxation has not assessed any personal property tax.	

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

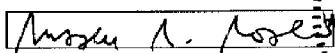
Signature  Title President

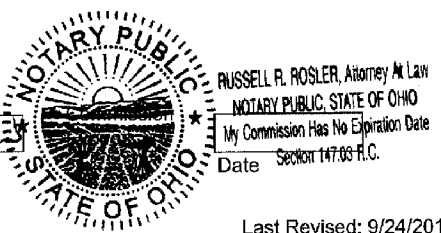
Jay C. Highman
Name

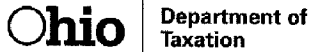
8754 Cotter Street
Mailing Address

Lewis Center City OH State 43035 Zip Code

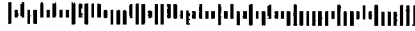
Sworn to and subscribed in my presence on August 1, 2017 Date

Seal 
Notary Public





PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



FRANK C ZONARS
VORYS SATER SEYMOUR & PEASE LLP
52 EAST GAY ST
COLUMBUS, OH 43215
USA

July 14, 2017
Contact ID: 1295820340

RE: Certificate of Tax Clearance
Entity Name: Natures One Inc
Ohio Charter # 01001411
Certificate Issue Date: 07/14/2017

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-405-4039
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1



Form 533A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3810

www.OhioSecretaryofState.gov
bussejv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

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: \$99
Form Must Be Typed

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)

*To be effective as of 2:10 p.m., Eastern Time.

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

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

Nature's One, 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

CT Corporation System

Name of Agent

4400 Easton Commons Way

Mailing Address

Columbus

City

Ohio

State

43219

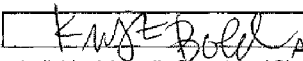
ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, CT Corporation System named herein as the statutory agent
Statutory Agent Name

for Nature's One, LLC
Name of Limited Liability Company

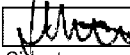
hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature  Kristin Bolden
Assistant Secretary
Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

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

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

By (if applicable)

Jay C. Highman
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