

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM508123

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Physical Therapy and Wellness Institute, Inc.		01/28/2019	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Physical Therapy and Wellness Institute, LLC		
Street Address:	109 Clover Leaf Lane		
City:	North Wales		
State/Country:	PENNSYLVANIA		
Postal Code:	19454		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3181711	BODIES UNDER REPAIR	
CORRESPONDENCE DATA			
Fax Number:			
<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:	4125943916		
Email:	kbiedinger@tuckerlaw.com		
Correspondent Name:	Kristin Biedinger		
Address Line 1:	1500 One PPG Place		
Address Line 4:	Pittsburgh, PENNSYLVANIA 15222		
NAME OF SUBMITTER:	KRISTIN BIEDINGER		
SIGNATURE:	/KRISTIN BIEDINGER/		
DATE SIGNED:	01/31/2019		
Total Attachments: 7			
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O.BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

PENNCORP SERVICEGROUP INC
Counter Pickup
PA

PHYSICAL THERAPY AND WELLNESS INSTITUTE, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 3042193

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:		
Name	PENNCORP	83011
Address	SERVICEGROUP	
	COUNTER PICK-UP	
City	State	Zip Code
<input checked="" type="checkbox"/> Return document by email to:	penncorp@penncorp.net	

Statement of Conversion

DSCB:15-355
(7/1/2015)



TCO190129MW0524

Read all instructions prior

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Physical Therapy and Wellness Institute, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

12/19/2001
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

PA Business Corporation Law of 1988, as amended
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

TADMS 5082354.1

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PENNSYLVANIA DEPARTMENT OF STATE

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p> <p>(a) <u>109 Clover Leaf Lane</u> <u>North Wales</u> <u>PA</u> <u>19454</u> <u>Montgomery</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____ <small>Number and street City State Zip</small></p>

B. For the converted association:

1. The name of the converted association is: Physical Therapy and Wellness Institute, LLC
2. The jurisdiction of formation of the converted association is: Pennsylvania
3. The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. <i>Complete part (a) OR (b) - not both:</i>				
	(a) <u>109 Clover Leaf Lane</u> Number and street	<u>North Wales</u> City	<u>PA</u> State	<u>19454</u> Zip	<u>Montgomery</u> County
	(b) c/o: _____ Name of Commercial Registered Office Provider County				
<input type="checkbox"/>	If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:				
	_____ Number and street City State Zip County				
<input type="checkbox"/>	If the converted association is a nonregistered foreign association, complete both (1) and (2). (1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:				
	_____ Number and street City State Zip				
	(2) The name and address, including street and number, of its registered agent:				
	_____ Name of Registered Agent				
	_____ Number and street City State Zip				

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity - The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association - The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).


IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 28th day of January, 2019.

Physical Therapy and Wellness Institute, Inc.
Name of Converting Association

[Signature]
Signature

President
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)
Name PENNCORP	 6621
Address SERVICEGROUP	
Address COUNTER PICK-UP	
City State Zip Code	
<input checked="" type="checkbox"/> Return document by email to: <u>penncorp@penncorp.net</u>	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Physical Therapy and Wellness Institute, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:
(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

<u>109 Clover Leaf Lane</u>	<u>North Wales</u>	<u>PA</u>	<u>19454</u>	<u>Montgomery</u>
Number and Street	City	State	Zip	County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

<u>c/o:</u>	_____	_____
Name of Commercial Registered Office Provider	County	

3. The name of each organizer is *(all organizers must sign on page 2)*:
Brian J. Kahle, Esquire

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:
 The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY)Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

28th day of January, 2019.



Signature

Signature

Signature

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

01/29/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PHYSICAL THERAPY AND WELLNESS INSTITUTE, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Katlynn Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190129130985-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>