

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM539329

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Conversion and Name Change		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
3-POINTS, L.L.C.		08/30/2019	Limited Liability Company: ILLINOIS
RECEIVING PARTY DATA			
Name:	3-POINTS MSP, L.L.C.		
Street Address:	801 Oak Creek Drive		
City:	Lombard		
State/Country:	ILLINOIS		
Postal Code:	60604		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3711020	3 POINTS	
Registration Number:	3583211		
Registration Number:	4927667		
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:	2033553827		
Email:	cbutler@fdh.com		
Correspondent Name:	Christopher Butler c/o Finn Dixon & Herl		
Address Line 1:	Six Landmark Square		
Address Line 2:	Floor Six		
Address Line 4:	Stamford, CONNECTICUT 06901		
NAME OF SUBMITTER:	Christopher Butler		
SIGNATURE:	/s/Christopher Butler		
DATE SIGNED:	09/04/2019		
Total Attachments: 9			
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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF AN ILLINOIS LIMITED LIABILITY COMPANY UNDER THE NAME OF "3-POINTS, L.L.C." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "3-POINTS, L.L.C." TO "3-POINTS MSP, L.L.C.", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF AUGUST, A.D. 2019, AT 10:03 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

7584163 8100F
SR# 20196803570

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203506259
Date: 08-30-19

TRADEMARK
REEL: 006735 FRAME: 0849

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Illinois.
- 2.) The jurisdiction immediately prior to filing this Certificate is Illinois.
- 3.) The date the Non-Delaware Limited Liability Company first formed is 12/27/2001.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is 3-POINTS, L.L.C..
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is 3-POINTS MSP, L.L.C..

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
30th day of August, A.D. 2019.

By: 
Authorized Person

Name: Edward J. Jarot, Jr.
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "3-POINTS MSP, L.L.C." FILED IN THIS OFFICE ON THE THIRTIETH DAY OF AUGUST, A.D. 2019, AT 10:03 O`CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

7584163 8100F
SR# 20196803570

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203506259
Date: 08-30-19

TRADEMARK
REEL: 006735 FRAME: 0851

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

• First: The name of the limited liability company is 3-POINTS MSP, L.L.C.

• Second: The address of its registered office in the State of Delaware is 1209 N
Orange Street in the City of Wilmington
Zip Code 19801.

The name of its Registered agent at such address is The Corporation
Trust Company

• Third: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
30th day of August, 2019.

By: 
Authorized Person(s)

Name: Edward J Jarot
Typed or Printed

2019

EXPEDITED SERVICE
DOMESTICATION
LLC - LIMITED LIABILITY COMPANIES
Fees as of Jul 1, 2019

Please Print

LLC Name: 3 - PANTS MSP, L.L.C.

Date: 8/30/2019

Contact Person: EDWARD J J AERT, JR

Address: 822 12th W. #104 JOLIET, IL 60435

Daytime Telephone: (815) 744-6330

Cell Phone Number (815) 735-0804

SOS ACCOUNT NUMBER _____

(CREDIT CARD PAYMENT ONLY)

1) ILLINOIS LLC (Leaving Illinois)

EOA-305 Statement of Domestication

\$ 300.00

2) FOREIGN LLC

EOA-305 Statement of Domestication

~~LLC-5.1 & 5.5~~ Articles of Organization

45.5 Authority for admission 250
(Both documents required)

\$ 550.00

TRADEMARK

REEL: 006735 FRAME: 0853

EOA 305

Illinois Secretary of State
Department of Business Services
STATEMENT OF DOMESTICATION

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State.

RECEIVE

AUG 30 2019

JESSE WHITE
SECRETARY OF STA

New Entity File Number

Filing Fee: \$100 Approved:

Submit in duplicate Type or print clearly in black ink Do not write above this line

Domesticating Entity

Current File Number: 00644358

1. Domesticating Entity Name: 3-POINTS, L.L.C.

2. Current Entity Type: (select only one)

- For Profit Corporation
- Limited Liability Company
- General Partnership
- Limited Liability Partnership
- Limited Partnership
- Not For Profit

3. Jurisdiction and Date of Incorporation/Organization: Illinois, 12/27/2001

4. The domestication is authorized by the law of the foreign entity's jurisdiction of organization.

New Entity

5. Domesticated Entity Name: 3-POINTS MSP, L.L.C.

6. Jurisdiction of Incorporation/Organization: Delaware

7. The Domesticated Entity: (select only one)

- intends to transact business in Illinois
- will not be transacting business in Illinois (Please set forth address below.)

Address for Service of Process: c/o CT Corporation System (Chicago), 208 South LaSalle Street, Suite 814
(P.O. Box alone is not acceptable) Chicago, Illinois 60604

8. Effective Date of Domestication: If a future date is chosen, MUST be within 90 days of filing.

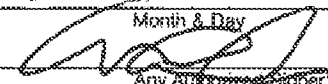
- Upon Filing
- Future Effective Date:

The Domestication was approved in accordance with Section 305 of the Entity Omnibus Act.
The formation document and fee for the Domesticated Entity must be attached.

9. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in BLACK INK.

Dated August 30, 2019
Month & Day Year

3-POINTS, L.L.C.
Exact Name of Domesticating Entity


Any Authorized Signer's Signature
Kevin Doyle, Manager
Name and Title (type or print)

SM

Form **LLC-45.5**
May 2018

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62758
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Application for Admission to
Transact Business

SUBMIT NO DUPLICATES

Type or print clearly.

Filing Fee: \$150
Penalty: \$
Approved:

FILE #

This space for use by Secretary of State.

RECEIVE

AUG 30 2019

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name (see Note 1): 3-POINTS MSP, L.L.C.

2. Assumed name: _____

(This item is only applicable if the company name in Item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of organization: Delaware

4. Date of organization: 12/27/2001

5. Period of duration: Perpetual

(Enter perpetual unless there is a date of dissolution provided in the agreement, in which case enter that date.)

6. Address of the principal place of business: (P.O. Box alone or c/o is unacceptable.)

801 Oak Creek Drive

Number

Street

Suite #

Lombard, Illinois 60148

City

State

ZIP

7. Registered agent: CT Corporation System (Chicago)

First Name

Middle Name

Last Name

Registered office: 208 South LaSalle Street, Suite #814

(P.O. Box alone or c/o is unacceptable.)

Number

Street

Suite #

Chicago

City

IL

60604

ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

8. If applicable, date on which company first conducted business in Illinois: _____

(continued on back)

9. Purpose(s) for which the company is organized and proposes to conduct business in Illinois (see Note 2):
~~any and all purposes permitted by the Illinois Limited Liability Company Act~~

The transaction of any or all lawful business for which limited liability companies may be organized under the Delaware LLC Act and as permitted under the Illinois LLC Act.

10. The Limited Liability Company: (check one)

is managed by the manager(s) or has management vested in the member(s):

11. List names and business addresses of all managers and any member with the authority of manager:
Kevin Doyle, 801 Oak Creek Drive, Lombard, Illinois 60148

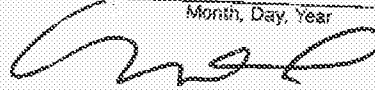
12. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

13. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.

14. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: August 30, 2019

Month, Day, Year



Signature

Kevin Doyle, Manager

Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.

Note 1: The name must contain the term Limited Liability Company, LLC or L.L.C. The name cannot contain any of the following terms: "Corporation," "Corp.," "Incorporated," "Inc.," "Ltd.," "Co.," "Limited Partnership" or "LP." However, a limited liability company that will provide services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in the name.

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3-POINTS MSP, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7584163 8300

SR# 20196805396

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203506735

Date: 08-30-19