

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM547028


<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Ardmore Farms, Inc		04/28/2018	Corporation: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Ardmore Farms, LLC		
<b>Street Address:</b>	222 S. Main Street, Suite 401		
<b>City:</b>	Akron		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44308		
<b>Entity Type:</b>	Limited Liability Company: PENNSYLVANIA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3176767	ARDMORE FARMS	
<b>Registration Number:</b>	1285490	ARDMORE FARMS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>			
<b>Phone:</b>	2166210150		
<b>Email:</b>	peber@hahnlaw.com		
<b>Correspondent Name:</b>	Nathan B. Webb		
<b>Address Line 1:</b>	200 Public Square, Suite 2800		
<b>Address Line 4:</b>	Cleveland, OHIO 44114		
<b>NAME OF SUBMITTER:</b>	Nathan B. Webb		
<b>SIGNATURE:</b>	/Nathan B. Webb/		
<b>DATE SIGNED:</b>	10/29/2019		
<b>Total Attachments: 10</b>			
source=Statement of Conversion - 2018-04-28#page1.tif			
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source=Statement of Conversion - 2018-04-28#page8.tif  
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source=Statement of Conversion - 2018-04-28#page10.tif

Entity# : 17633  
Date Filed : 04/26/2018  
Effective Date : 04/28/2018  
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:  <b>Return per instructions on the expedite counter form.</b>	<b>Statement of Conversion</b> DSCB:15-355 (7/1/2015)  TCO180426UZ0706
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Read all instructions pri

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: Ardmore Farms, 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:

11/29/1954  
(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:

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

DSCB:15-355-2

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) _____ Number and street City State Zip County</p> <p>(b) c/o: <u>CT Corporation System</u> _____ Name of Commercial Registered Office Provider Philadelphia County</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>_____</p> <p>Number and street City State Zip County</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>_____</p> <p>Number and street City State Zip</p>

B. For the converted association:

1. The name of the converted association is: Ardmore Farms, 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 _____              |

DSCB:15-355-3

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. Complete part (a) OR (b) - not both:					
	(a)	Number and street	City	State	Zip	County
<input type="checkbox"/>	If the converted association is a domestic association that is not 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: 04/28/2018 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 25th day of April, 2018.

Ardmore Farms, Inc.

Name of Converting Association

Thomas Kell  
Signature

As V.P. & CFO/TREASURER  
Title



**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):

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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

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2018

PAUL HODGE  
FLORIDA FILING & SEARCH SERVICES

Qualification documents for ARDMORE FARMS, LLC were filed on May 2, 2018, and assigned document number M18000004248. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Diane Cushing  
Senior Section Administrator  
Amendment Section  
Division of Corporations

Letter Number: 918A00009129

Account number: FCA000000015

Amount charged: 125.00

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRADEMARK  
REEL: 006781 FRAME: 0905



**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Ardmore Farms, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 12/06/1962  
(Date first transacted business in Florida, if prior to registration) (See sections 605.0504 & 605.0605, F.S. to determine penalty liability)

5. 222 S. Main Street, Suite 401 6. 222 S. Main Street, Suite 401  
(Street Address of Principal Office) (Mailing Address)  
Akron, Ohio 44308 Akron, Ohio 44308  
(City) (Zip code)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: C T Corporation System  
 Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

**Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: *James M. Halpin* James M. Halpin  
(Registered agent's signature) Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>SR VP, CFO, Treas</u>	<u>Thomas A. Kolb</u> <u>222 S. Main Street, Suite 401</u> <u>Akron, Ohio 44308</u>	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Thomas A. Kolb*  
Signature of an authorized person  
THOMAS A. KOLB  
Typed or printed name of signer

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 18 MAY -2 AM 11:22

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

05/02/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Ardmore Farms, 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

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180502110951-1

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

TRADEMARK

REEL: 006781 FRAME: 0907



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2018

PAUL HODGE  
FLORIDA FILING & SEARCH SERVICES

Re: Document Number 816543

Having fulfilled the requirements of section 607.1520 or 617.1520, F.S., on May 2, 2018, this Certificate of Withdrawal is hereby issued to ARDMORE FARMS, INC., a Pennsylvania corporation, in accordance with said statute. The corporation may now withdraw from the state of Florida.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Diane Cushing  
Senior Section Administrator  
Division of Corporations

Letter Number: 418A00009126

Account number: FCA000000015

Amount charged: 35.00

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

~~TRADEMARK~~

REEL: 006781 FRAME: 0908

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Ardmore Farms, Inc. \_\_\_\_\_  
(Name of Corporation)

816543 \_\_\_\_\_  
(Document Number of Corporation (if known))

Pennsylvania \_\_\_\_\_  
(Incorporated Under Laws of)

FILED  
SECRETARY OF STATE  
CORPORATIONS  
18 APR - 2 PM 11:14

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

222 S. Main Street, Suite 401 \_\_\_\_\_  
(Mailing Address)

Akron, Ohio 44308 \_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Thomas A. Kolb  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4/30/18  
(Date)

THOMAS A. KOLB  
(Typed or printed name of person signing)

Sec VP & CFO  
(Title of person signing)

FILING FEE \$35