

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM559031

<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>
Moonlight Beverage Company LLC		12/31/2019	Limited Liability Company: MINNESOTA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Moonlight Beverage Company, LLC		
<b>Street Address:</b>	12 Midland Ave.		
<b>Internal Address:</b>	P.O. Box 4260		
<b>City:</b>	Basalt		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	81621		
<b>Entity Type:</b>	Limited Liability Company: COLORADO		
<b>PROPERTY NUMBERS Total: 13</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88328528	LOVE LIFE	
<b>Serial Number:</b>	88328521	LOVE LIFE MVP	
<b>Serial Number:</b>	88612975	WINGMAN SMART ENERGY	
<b>Serial Number:</b>	86956059	EASY TO DRINK, EASY TO LOVE	
<b>Serial Number:</b>	87293881	4 PLAY PACK	
<b>Serial Number:</b>	87293892		
<b>Serial Number:</b>	87420502	MOONLIGHT BEVERAGE COMPANY	
<b>Serial Number:</b>	87509234	WINGMAN AEROFITNESS	
<b>Serial Number:</b>	87509244	HIGH ALTITUDE ATTITUDE	
<b>Serial Number:</b>	87509250		
<b>Serial Number:</b>	87509259		
<b>Serial Number:</b>	87583984	SPARKLING ROMANCE ENHANCED BEVERAGE	
<b>Serial Number:</b>	85935778	LOVE LIFE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6123329081		
<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>			

OP \$340.00 88328528

**Phone:** 612.332.5300  
**Email:** cking@merchantgould.com  
**Correspondent Name:** Scott W. Johnston  
**Address Line 1:** P.O. Box 2910  
**Address Line 4:** Minneapolis, MINNESOTA 55402-0910

**ATTORNEY DOCKET NUMBER:** 04959.8US01

**NAME OF SUBMITTER:** Scott W. Johnston

**SIGNATURE:** /SWJ/

**DATE SIGNED:** 01/27/2020

**Total Attachments: 7**

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6. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Wilson</u>	<u>Chantal</u>		
(Last)	(First)	(Middle)	(Suffix)
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(Street number and name or Post Office Box information)			
<u>Suite 4000</u>			
<u>Minneapolis</u>	<u>MN</u>	<u>55402</u>	
(City)	(State)	(ZIP/Postal Code)	
	<u>United States</u>		
(Province – if applicable)	(Country)		

(If applicable, adopt the following statement by marking the box and include an attachment.)

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Colorado Secretary of State  
 Date and Time: 12/27/2019 11:45 AM  
 ID Number: 20191085620  
 Document number: 20198045819  
 Amount Paid: \$100.00

Document must be filed electronically.  
 Paper documents are not accepted.  
 Fees & forms are subject to change.  
 For more information or to print copies  
 of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

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**Articles of Organization**

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Moonlight Beverage Company, LLC

*(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)*

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

12 Midland Ave.

(Street number and name)

Basalt

(City)

CO

(State)

81621

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

Registered Agents Inc.

(Caution: Do not provide both an individual and an entity name.)

Street address

1942 Broadway St.

(Street number and name)

Suite 314C

Boulder

(City)

CO

(State)

80302

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name  
(if an individual) Schroeder Kristin  
(Last) (First) (Middle) (Suffix)

or

(if an entity) \_\_\_\_\_  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 12 Midland Ave.  
(Street number and name or Post Office Box information)

Basalt CO 81621  
(City) (State) (ZIP/Postal Code)  
United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are 12/31/2019  
(mm/dd/yyyy hour:minute am/pm)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

<u>Wilson</u>	<u>Chantal</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>200 S. 6th St.</u>			
(Street number and name or Post Office Box information)			
<u>Suite 4000</u>			
<u>Minneapolis</u>	<u>MN</u>	<u>55402</u>	
(City)	(State)	(ZIP/Postal Code)	
	<u>United States</u>		
(Province – if applicable)	(Country)		

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Colorado Secretary of State  
 Date and Time: 01/02/2020 08:28 AM  
 ID Number: 20191085620

Document must be filed electronically.  
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 For more information or to print copies  
 of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

Document number: 20201002929  
 Amount Paid: \$10.00

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**Statement of Correction**  
**Correcting the Principal Office Address**  
 filed pursuant to § 7-90-305 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number 20191085620  
 (Colorado Secretary of State ID number)

Entity name or True name Moonlight Beverage Company, LLC

2. The document number of the filed document that is corrected is 20198045819

3. The principal office address as stated in the document identified above is incorrect.

Such address, as corrected, is

Street address 12 Midland Ave.  
 (Street number and name)

PO Box 4260

Basalt CO 81621  
 (City) (State) (ZIP/Postal Code)

United States  
 (Province – if applicable) (Country)

Mailing address \_\_\_\_\_  
 (leave blank if same as street address) (Street number and name or Post Office Box information)

\_\_\_\_\_  
 (City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
 (Province – if applicable) (Country)

4. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

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5. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Taylor</u>	<u>Julie</u>	<u>A</u>	
(Last)	(First)	(Middle)	(Suffix)
<u>200 S. 6th St.</u>			
(Street number and name or Post Office Box information)			
<u>Suite 4000</u>			
<u>Minneapolis</u>	<u>MN</u>	<u>55402</u>	
(City)	(State)	(Zip/Postal Code)	
	<u>United States</u>		
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