

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM562135

<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>
Tristar Products, Inc.		04/23/2018	Corporation: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Tristar Innovative Products, Inc.		
<b>Street Address:</b>	1293 N University Drive #322		
<b>City:</b>	Coral Springs		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33071		
<b>Entity Type:</b>	Corporation: FLORIDA		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4389288	FUSIONJUICER	
<b>Registration Number:</b>	4495602	AIRSTEPPEER	
<b>Registration Number:</b>	4496154	TRISTAR PRODUCTS	
<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>	908-273-0770		
<b>Email:</b>	Trademark@bakoskritzer.com		
<b>Correspondent Name:</b>	Ryan S. McPhee		
<b>Address Line 1:</b>	147 Columbia Turnpike, Suite 102		
<b>Address Line 4:</b>	Florham Park, NEW JERSEY 07932		
<b>NAME OF SUBMITTER:</b>	Ryan S. McPhee		
<b>SIGNATURE:</b>	/Ryan S. McPhee/		
<b>DATE SIGNED:</b>	02/13/2020		
<b>Total Attachments: 7</b>			
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# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 4/23/2018

Acc#I20160000072



Name:	Tristar Products, Inc. (FL)
Document #:	
Order #:	10940278

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 122.50

Thank you!

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Tristar Innovative Products, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Steven H. Sowers  
Contact Person

Tristar Innovative Products, Inc.  
Firm/Company

2620 Westview Dr  
Address

Wyomissing, PA 19610  
City, State and Zip Code

shsowers@tristarproductsinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie LaRue at ( 212 ) 596-9736  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Tristar Products, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Corporation

(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Pennsylvania

(Enter state, or if a non-U.S. entity, the name of the country)

on August 7, 1992

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Tristar Innovative Products, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED  
18 APR 23 PM 2:28  
OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Signed this 20<sup>TH</sup> day of April, 2018.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Steven H. Sowers Title: CFO, VP & Secretary

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: Steven H. Sowers Title: CFO, VP & Secretary

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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18 APR 23 PM 2:28  
APPROPRIATE STATE OFFICE

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Tristar Innovative Products, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1293 N. University Drive #322

1293 N. University Drive #322

Coral Springs, FL 33071

Coral Springs, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For any and all lawful business.

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**ARTICLE IV SHARES**

The number of shares of stock is: 15,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kishore Mirchandani, CEO & Director

Name and Title: Steven H. Sowers, CFO & Director

Address: 1293 N. University Drive #322

Address: 1293 N. University Drive #322

Coral Springs, FL 33071

Coral Springs, FL 33071

Name and Title: Anjali Mirchandani, Director

Name and Title: \_\_\_\_\_

Address: 1293 N. University Drive #322

Address: \_\_\_\_\_

Coral Springs, FL 33071

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_



**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

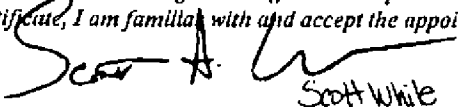
Name: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Steven H. Sowers  
Address: 1293 N. University Drive #322  
Coral Springs, FL 33071

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

4/23/2018  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
Required Signature/Incorporator

4/20/18  
Date

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STATE DEPARTMENT OF REVENUE