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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM568281 Stylesheet Version v1.2

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type	
Flavor Producers, Inc.		12/07/2017	Corporation: CALIFORNIA	

RECEIVING PARTY DATA

Name:	Flavor Producers, LLC
Street Address:	28350 Witherspoon Parkway
City:	Valencia
State/Country:	CALIFORNIA
Postal Code:	91355
Entity Type:	Limited Liability Company: CALIFORNIA

PROPERTY NUMBERS Total: 3

Property Type	Number	Word Mark
Serial Number:	87841276	BLENDZ
Serial Number:	87841285	FLAVOR WITHOUT FLAVORS
Serial Number:	87841283	RÜTZ

CORRESPONDENCE DATA

Fax Number: 5139778141

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.

Phone: 5139778527

Email: april.besl@dinsmore.com

Correspondent Name: April L. Besl

Address Line 1: 255 E. Fifth Street, Suite 1900

Address Line 4: Cincinnati, OHIO 45202

NAME OF SUBMITTER:	April L Besl
SIGNATURE:	/April I Besl/
DATE SIGNED:	03/22/2020

Total Attachments: 4

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> TRADEMARK REEL: 006897 FRAME: 0414

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Thank You for Doing Business in California

Congratulations on the registration of your limited liability company with the California Secretary of State (SOS). Please see below for important information.

The details of your business entity and free images of filings are available online at BusinessSearch.sos.ca.gov. For additional information about starting a new business in California, go to www.sos.ca.gov/business/be/starting-business-checklist.

What's next? Required Filings

SOS Statement of Information – Limited liability companies must fill out and file a complete Statement of Information (Form LLC-12) within the <u>first 90 days</u> of registering with the SOS, and every 2 years thereafter before the end of the calendar month of the original registration date.

How can you file your Statement of Information?

- Online Service:
 - Submit your Statement of Information online at LLCbizfile.sos.ca.gov.
- Other Submission Options:
 - Submit your Statement of Information by mail to the SOS's Sacramento office; or
 - Submit your Statement of Information (drop off) at the SOS's Sacramento office.
- Additional information regarding Statements of Information, including forms, instructions and fees is available at www.sos.ca.gov/business/be/statements.

<u>Franchise Tax Board (FTB) Tax Filing</u> – Once your limited liability company is registered with the SOS, you are required to file a tax return with FTB for each taxable year even if you are not conducting business or have no income. Contact FTB at *ftb.ca.gov* or (800) 852-5711 for forms and requirements concerning franchise taxes or income taxes.

Be aware, if you fail to file a return by the original or extended due date, or fail to pay taxes when due, a penalty may be imposed by FTB. Please visit ftb.ca.gov/businesses/Penalty-Information.shtml for tax penalty related information.

Other Business Information and Resources

All business entities are subject to state and federal tax laws. You may wish to contact the following agencies to assist you with these issues:

- Internal Revenue Service irs.gov or call (800) 829-1040 for forms and issues concerning Federal tax, employer identification numbers, subchapter S elections.
- State Board of Equalization –boe.ca.gov or call (800) 400-7115 for forms and issues concerning sales taxes or use taxes.
- Employment Development Department edd.ca.gov or call (800) 300-5616 for forms and issues
 concerning employment and payroll taxes.
- CalGold calgold.ca.gov for appropriate permit, licensing, and contact information for the various agencies that administer and issue these permits.
- SOS Business Resources www.sos.ca.gov/business/be/resources for a list of agencies you may need to contact to ensure proper compliance with California state law.
- CA Governor's Office of Business and Economic Development (Go-Biz) business.ca.gov for a range of business services including, site selection and permit assistance.

TRADEMARK REEL: 006897 FRAME: 0415

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: FLAVOR PRODUCERS, LLC

FILE NUMBER: FORMATION DATE:

201734210084 12/07/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

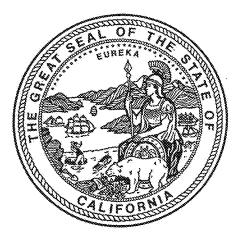
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 8, 2017.

ALEX PADILLA Secretary of State

HMT



State of California Secretary of State

1097558 Out

Limited Liability Company Articles of Organization - Conversion

IMPORTANT - Read all instructions before completing this form.

LLC-1A File **201734210**084

FILED & Secretary of State State of California

DEC 0 7 2017

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Converted Entity Information							
 Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.) 							
Flavor Producers, LLC	****				:		
The purpose of the limited liability compa under the California Revised Uniform Limi	any is to engage in any lawful aci ited Liability Company Act.	or activity for	which a limited liabilit	ly compan	y may be organized		
3. The limited liability company will be mana-	ged by (check only one):						
One Manager	More Than One Manager	[All Limited Liabilit	у Сотрал	y Member(s)		
4. Initial Street Address of Limited Liability C	ompany's Designated Office in CA	G	ity	State	Zip Code		
8521 Fallbrook Ave., Suite 380			~;		91304		
5. Initial Mailing Address of Limited Liability (Company, if different from Item 4	C	îty	State	Zip Code		
Initial Agent for Service of Process: Item section 1505 that agrees to be your agent for list the agent's CA business or residential separtnership or general partnership, list the traddress for service of process is already on forces.	street address, item 6c: If the agen the agent's mailing address. Do no	If the converted it is an individual	stilly as the agent, ite	m 55: If the	agent is an individual,		
 Name of Agent For Service of Process 			المستوا فالمفاق فافاقه هداك فالمشتمان فمثم مستشفان في من منوي في المستود	***********	****		
Paracorp Incorporated	W						
b. If an Individual, Street Address of Ager	nt for Service of Process - Do not is	st a P.O. Box	City	State CA	Zip Code		
c. If an individual, Mailing Address of Age	ent for Service of Process		City	State	Zip Code		
Converting Entity Information		20000000000000000000000000000000000000	***************************************	************************	***************************************		
7. Name of Converting Entity Flavor Producers, Inc.				ورياده والمناور والمناور والمناور والمناور	200000000000000000000000000000000000000		
8. Form of Entity	9. Jurisdiction		A PA Common of Ci-	eta friim kiu	ank a st and		
Corporation	California	*	10. CA Secretary of State File Number, if any 1097558				
 The principal terms of the plan of convenences exceeded the vote required. If a vote was 	sion were approved by a vote of required, the following was require	the number o	f interests or shares o	of each cla	iss that equaled or		
			AND The percentage vote required of each class. 51%				
Additional Information	MATERIAL DESCRIPTION OF THE PROPERTY OF THE PR		***************************************	***************************************	***************************************		
12. Additional information set forth on the attac	hed pages, if any, is incorporated	herein by this r	eference and made pa	art of this c	ertificate.		
 I certify under penalty of perjury that the c execution is my act and deed, 	contents of this document are true	. I declare I a	im the person who ex-	ecuted this	instrument, which		
Jef			Jeff Harris, President				
Signature of Authorized Person		Type or Print Name and Title of Authorized Person					
		Dan Lutz, Chief Financial Officer					
Signature of Authorized Person	Type or Print Name and Title of Authorized Person						
LLC-1A (REV 01/2016)	00000000000000000000000000000000000000	000000000000000000000000000000000000000	APPR	OVEO BY SE	CRETARY OF STATE		

TRADEMARK REEL: 006897 FRAME: 0417

Dates

Cheralty cartify that the foregoing transcript of the property is a full, true and connect copy of the original record in the custody of the Collinsia Secretary of State's office.

DEC 0.8 2017

ALEX PACKLA, Secretary of State

TRADEMARK

REEL: 006897 FRAME: 0418

RECORDED: 03/22/2020