

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM575551

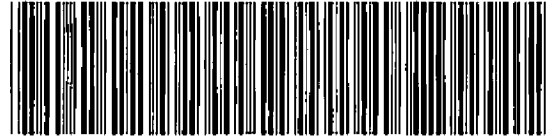
SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Tristar Products, Inc.		04/23/2018	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Tristar Innovative Products, Inc.		
Street Address:	1293 N University Drive #322		
City:	Coral Springs		
State/Country:	FLORIDA		
Postal Code:	33071		
Entity Type:	Corporation: FLORIDA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	88061365	COPPER CHEF	
Serial Number:	88061371	COPPER CHEF CC	
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:	908-273-0770		
Email:	Trademark@bakoskritzer.com		
Correspondent Name:	Ryan S. McPhee		
Address Line 1:	147 Columbia Turnpike, Suite 102		
Address Line 4:	Florham Park, NEW JERSEY 07932		
NAME OF SUBMITTER:	Ryan S. McPhee		
SIGNATURE:	/Ryan S. McPhee/		
DATE SIGNED:	05/08/2020		
Total Attachments: 7			
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OP \$65.00 88061365

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P180000037189



600311908816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
18 APR 23 PM 2:28

2018 APR 23 PM 1:41

APR 25 2018
T SCHROEDER

TRADEMARK
REEL: 006934 FRAME: 0003

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 20TH 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 OFFICE
STATE OF FLORIDA

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:

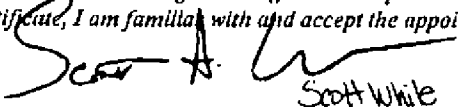
Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

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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18 APR 23 PM 2:28
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA