

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM593715

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	01/24/2018		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
TMA Franchise Systems, Inc.		01/24/2018	Corporation: NORTH CAROLINA
RECEIVING PARTY DATA			
Name:	TMAFS, LLC		
Street Address:	346 9th Street SE		
City:	Hickory		
State/Country:	NORTH CAROLINA		
Postal Code:	28602		
Entity Type:	Limited Liability Company: NORTH CAROLINA		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	5503806	FLY AUTHORITY	
Registration Number:	5503805	PEST AUTHORITY	
Registration Number:	5058528	MOSQUITO AUTHORITY	
Registration Number:	4935624	THE NEXT BUG THING	
Registration Number:	3605556	MOSQUITO AUTHORITY	
CORRESPONDENCE DATA			
Fax Number:	6023647070		
<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:	(602) 364-7000		
Email:	Lisa.Mansur2@bryancave.com		
Correspondent Name:	Bryan Cave Leighton Paisner LLP		
Address Line 1:	Two North Central Avenue, Suite 2100		
Address Line 4:	Phoenix, ARIZONA 85004		
ATTORNEY DOCKET NUMBER:	1087612.000003		
NAME OF SUBMITTER:	Cory Smith		
SIGNATURE:	/Cory Smith/		
DATE SIGNED:	08/24/2020		

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Total Attachments: 2

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State of North Carolina
Department of the Secretary of State

ARTICLES OF MERGER

Pursuant to North Carolina General Statute Sections 55-11-05(a), 55A-11-09(d), 55A-11-04, 57D-9-42, 59-73.32(a) and 59-1072(a), as applicable, the undersigned entity does hereby submit the following Articles of Merger as the surviving business entity in a merger between two or more business entities.

1. The name of the surviving entity is TMAFS, LLC, a (check one)
 corporation, nonprofit corporation, professional corporation, limited liability company,
 limited partnership, partnership, limited liability partnership organized under the laws of
North Carolina (state or country).

2. The address of the surviving entity is:
Street Address 346 9th Street SE City Hickory
State North Carolina Zip Code 28602 County Catawba

(a) (Complete only if the surviving business entity is a foreign business entity that is not authorized to transact business or conduct affairs in North Carolina.) The mailing address of the surviving foreign business entity is:

Street Address _____ City _____
State _____ Zip Code _____ County _____

The Surviving foreign business entity will file a statement of any subsequent change in its mailing address with the North Carolina Secretary of State.

3. For each merging entity: (if more than one, complete on separate sheet and attach.)

The name of the merged entity is TMA Franchise Systems, Inc., a (check one)
 corporation, nonprofit corporation, professional corporation, limited liability company,
 limited partnership, partnership, limited liability partnership organized under the laws of
North Carolina (state or country).

The mailing address of each merging entity is: (if more than one, complete on separate sheet and attach)

Street Address 346 9th Street SE City Hickory
State North Carolina Zip Code 28602 County Catawba

4. If the surviving business entity is a domestic business entity, the text of each amendment, if any, to the Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership within the Plan of Merger is attached.

5. A Plan of Merger has been duly approved in the manner required by law by each of the business entities participating in the merger.

6. These articles will be effective upon filing unless a delayed date and/or time is specified _____.

This the 24th day of January, 2018.

TMAFS, LLC

Name of Entity



Signature

Joseph Osborne, Manager

Type or Print Name and Title

NOTES:

1. Filing fee is \$50 for For-profit entities.
2. Filing fee is \$25 for Non-profit entities.
3. This document must be filed with the Secretary of State. Certificate(s) of Merger must be registered pursuant to the requirements of N.C.G.S. Section 47-18.1

BUSINESS REGISTRATION DIVISION
(Revised July, 2017)

P. O. BOX 29622

RALEIGH, NC 27626-0622
(Form BE-15)