

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM610703

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Versapharm Incorporated		09/28/2020	Corporation: GEORGIA
RECEIVING PARTY DATA			
Name:	Versapharm, LLC		
Street Address:	1775 West Oak Parkway		
Internal Address:	Suite 800		
City:	Marietta		
State/Country:	GEORGIA		
Postal Code:	30062-2260		
Entity Type:	Limited Liability Company: GEORGIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	4199023	MYORISAN	
Registration Number:	2588146	VERSAPHARM INCORPORATED	
Registration Number:	2685550	VERSAPHARM INCORPORATED X	
CORRESPONDENCE DATA			
Fax Number:	3128622200		
<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:	3128622000		
Email:	rob.soneson@kirkland.com		
Correspondent Name:	ROB SONESON		
Address Line 1:	300 N LASALLE		
Address Line 2:	KIRKLAND & ELLIS LLP		
Address Line 4:	CHICAGO, ILLINOIS 60654		
ATTORNEY DOCKET NUMBER:	14581-66-RFS		
NAME OF SUBMITTER:	Rob Soneson		
SIGNATURE:	/rsoneson/		
DATE SIGNED:	11/24/2020		
Total Attachments: 5			

CH \$90.00 4199023

source=Versapharm, LLC - File-stamped Georgia Certificate of Conversion 9.28.2020_(71466520_1)#page1.tif
source=Versapharm, LLC - File-stamped Georgia Certificate of Conversion 9.28.2020_(71466520_1)#page2.tif
source=Versapharm, LLC - File-stamped Georgia Certificate of Conversion 9.28.2020_(71466520_1)#page3.tif
source=Versapharm, LLC - File-stamped Georgia Certificate of Conversion 9.28.2020_(71466520_1)#page4.tif
source=Versapharm, LLC - File-stamped Georgia Certificate of Conversion 9.28.2020_(71466520_1)#page5.tif

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF CONVERSION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that articles of conversion have been filed on **09/28/2020** converting

VERSAPHARM INCORPORATED
a Domestic Profit Corporation
to
Versapharm, LLC
a Domestic Limited Liability Company

The required fees as provided by Title 14 of the Official Code of Georgia Annotated have been paid.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **09/28/2020**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

VERSAPHARM INCORPORATED
CERTIFICATE OF CONVERSION
FROM A GEORGIA CORPORATION TO A
GEORGIA LIMITED LIABILITY COMPANY

*In accordance with the provisions of
Section 14-11-212 and Section 14-2-1109.1 of the Official Code of Georgia Annotated*

The undersigned, being duly authorized to execute and file this Certificate of Conversion from a domestic corporation to a domestic limited liability company for the purposes of converting Versapharm Incorporated, a Georgia corporation (the "Corporation"), into a limited liability company pursuant to Sections 14-2-1109.1 and 14-11-212 of the Official Code of Georgia Annotated (the "O.C.G.A."), does hereby certify as follows:

FIRST. The name of the Corporation immediately prior to filing this Certificate of Conversion is Versapharm Incorporated.

SECOND. The Corporation hereby elects to become a limited liability company pursuant to Section 14-11-212 of the O.C.G.A. The name of the limited liability company shall be Versapharm, LLC (the "Conversion").

THIRD. The effective date of the Conversion shall be September 28, 2020 (the "Effective Time").

FOURTH. The Plan of Conversion of the Corporation to convert from a Georgia corporation to a Georgia limited liability company has been adopted and approved as required by O.C.G.A. Sections 14-1-1109.1 and 14-11-212 (a).

FIFTH. The Articles of Organization, in the form required by Section 14-11-204 of the O.C.G.A. are filed with this Certificate of Conversion and set forth the name for the limited liability company that satisfies the requirements of Section 14-11-207 of the O.C.G.A., and shall be the Articles of Organization of the limited liability company formed pursuant to the Conversion.

SIXTH. The outstanding stock of the Company, which is held by a single shareholder, will be converted into a one hundred percent (100%) membership interest of the company by reason of the Conversion.

The undersigned, being the authorized person of the Corporation, hereby declares and certifies that this is my act and deed and the facts stated herein are true, and accordingly have hereunto set my hand on the 25th day of September, 2020.

VERSAPHARM INCORPORATED

By: *Joe Bonaccorsi*

Name: Joe Bonaccorsi

Its: Secretary



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 315 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

Articles of Organization

Article One

The name of the limited liability company is:

Versapharm, LLC

Article Two

(Check, and if applicable complete, one of the following)

- The articles of organization shall be effective upon filing with the Secretary of State.
- The articles of organization shall be effective on: _____ at _____
(Date) (Time)

[Note: The delayed effective date may not be later than 90 days after the filing date.]

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on

9/25/2020
(Date)

Joseph Bonaccorsi
Signature

Joseph Bonaccorsi
Print Name*

Capacity (choose one option only): Organizer
 Member
 Manager
 Attorney-in-fact

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE
Suite 513 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.ga.gov

GEORGIA SECRETARY OF STATE
CORPORATIONS DIVISION
September 28, 2020 2:05 PM

TRANSMITTAL INFORMATION FORM
GEORGIA LIMITED LIABILITY COMPANY

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address: joe.bonaccorsi@akorn.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. LLC Name Reservation Number (If one has been obtained; if articles are being filed without prior reservation, leave this line blank.)

Versapharm, LLC

LLC Name (List exactly as it appears in articles)

2. Joseph Bonaccorsi

Name of Person Filing Articles of Organization (Certificate will be emailed to this person at address listed below)

1925 W. Field Court, Suite 300, Lake Forest Illinois 60045
Address City State Zip Code

joe.bonaccorsi@akorn.com (847) 279-6104
Filer's Email Address Telephone Number

3. 1925 W. Field Court, Suite 300

Principal Office Mailing Address of LLC (Unlike registered office address, this may be a post office box.)

Lake Forest Illinois 60045
City State Zip Code

4. Corporation Service Company

Name of Registered Agent in Georgia

40 Technology Pkwy South, #300

Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)

Norcross Gwinnett GA 30092
City County State Zip Code

sop@cscglobal.com
Registered Agent's Email Address

5. Name and Address of Each Organizer (Attach additional sheets if necessary)

Joseph Bonaccorsi 1925 W. Field Court, Ste 300 Lake Forest Illinois 60045
Organizer Address City State Zip Code

Organizer Address City State Zip Code

6. Mail the following items to the Secretary of State at the above address:

- 1) This Transmittal Information Form;
- 2) The Articles of Organization; and
- 3) Filing fee of \$110.00 (\$100 filing fee + \$10 paper filing service charge) payable to Secretary of State. Filing fees are non-refundable.

I understand that this Transmittal Information Form is included as part of my filing, and the information on this form will be entered in the Secretary of State business entity database. I certify that the above information is true and correct to the best of my knowledge.

Joseph Bonaccorsi

9/25/2020

Signature of Authorized Person

Date

Joseph Bonaccorsi

Print Name*

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.