

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM613394

<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>
Physicians Exclusive LLC		06/09/2020	Limited Liability Company: WYOMING
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Physicians Exclusive LLC		
<b>Street Address:</b>	101 E. Town Place St.		
<b>Internal Address:</b>	Suite 210		
<b>City:</b>	St. Augustine		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32092		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 6</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86045176	MEGASPOREBIOTIC	
<b>Serial Number:</b>	86103214	PEAK BIOTICS	
<b>Serial Number:</b>	86382839	RESTORFLORA	
<b>Serial Number:</b>	86685471	MICROBIOME LABS	
<b>Serial Number:</b>	86834665	VITAQUIN	
<b>Serial Number:</b>	86834689	MEGAQUINONE	
<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>	3127841078		
<b>Email:</b>	trademark@amintalati.com		
<b>Correspondent Name:</b>	Angela Kalsi		
<b>Address Line 1:</b>	100 S. Wacker Drive		
<b>Address Line 2:</b>	Suite 2000		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60606		
<b>ATTORNEY DOCKET NUMBER:</b>	G-MBL-0485-US		
<b>NAME OF SUBMITTER:</b>	Angela S. Kalsi		

CH \$165.00 86045176

<b>SIGNATURE:</b>	/Angela S. Kalsi/
<b>DATE SIGNED:</b>	12/09/2020
<b>Total Attachments: 4</b> source=Delaware Certificate of Conversion & Certificate of Formation#page1.tif source=Delaware Certificate of Conversion & Certificate of Formation#page2.tif source=Delaware Certificate of Conversion & Certificate of Formation#page3.tif source=Delaware Certificate of Conversion & Certificate of Formation#page4.tif	

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PHYSICIANS EXCLUSIVE LLC" FILED IN THIS OFFICE ON THE NINTH DAY OF JUNE, A.D. 2020, AT 7:07 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3038425 8100F  
SR# 20205598953

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203081592  
Date: 06-10-20

**TRADEMARK**  
**REEL: 007128 FRAME: 0134**


# Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A WYOMING LIMITED LIABILITY COMPANY UNDER THE NAME OF "PHYSICIANS EXCLUSIVE LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE NINTH DAY OF JUNE, A.D. 2020, AT 7:07 O`CLOCK P.M.*



  
Jeffrey W. Bullock, Secretary of State

3038425 8100F  
SR# 20205598953

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203081592  
Date: 06-10-20

**TRADEMARK**  
**REEL: 007128 FRAME: 0135**

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Wyoming
- 2.) The jurisdiction immediately prior to filing this Certificate is Wyoming
- 3.) The date the Non-Delaware Limited Liability Company first formed is 11/01/2012
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Physicians Exclusive LLC
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Physicians Exclusive LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
11th day of May, A.D. 2020

By: Thomas Bayne  
Authorized Person

Name: Dr. Thomas Bayne  
Print or Type

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Physicians Exclusive LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at Corporation Trust Center, 1209 Orange Street (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company

By: Thomas Bayne  
Authorized Person

Name: Dr. Thomas Bayne  
Print or Type