

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM616366

<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>
Skyline Chili, Inc.		12/21/2020	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Skyline CEM Holdings, LLC		
<b>Street Address:</b>	4180 Thunderbird Lane		
<b>City:</b>	Cincinnati		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45014		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 13</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1221066	SKYLINE	
<b>Registration Number:</b>	1293403	SKYLINE CHILI	
<b>Registration Number:</b>	1362692	SKYLINE CHILI	
<b>Registration Number:</b>	2197258	SKYLINE CHILI EST.1949	
<b>Registration Number:</b>	2197268	SKYLINE CHILI	
<b>Registration Number:</b>	2365353	SKYLINE CHILI	
<b>Registration Number:</b>	2460522	SKYLINE CHILI EST.1949	
<b>Registration Number:</b>	2461768	IT'S SKYLINE TIME.	
<b>Registration Number:</b>	2461787	FEELING GOOD AND HUNGRY? IT'S SKYLINE TI	
<b>Registration Number:</b>	2911840	FRESH SELECTS	
<b>Registration Number:</b>	2959263	SKYLINE CHILI	
<b>Registration Number:</b>	3997946	WHENEVER YOU'RE FEELING GOOD AND HUNGRY,	
<b>Registration Number:</b>	4406984	FEELING GOOD, IT'S SKYLINE TIME!	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5132416234		
<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>	5132412324		
<b>Email:</b>	tremaklus@whe-law.com		

OP \$340.00 1221066

**Correspondent Name:** Theodore R. Remaklus  
**Address Line 1:** 441 Vine Street  
**Address Line 2:** 2700 Carew Tower  
**Address Line 4:** Cincinnati, OHIO 45202

**ATTORNEY DOCKET NUMBER:** SKY-4-122

**NAME OF SUBMITTER:** Theodore R. Remaklus

**SIGNATURE:** /theodore r remaklus/

**DATE SIGNED:** 12/23/2020

**Total Attachments: 11**

source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page1.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page2.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page3.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page4.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page5.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page6.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page7.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page8.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page9.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page10.tif  
source=Skyline Chili, Inc. to Skyline CEM Holdings, LLC#page11.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/21/2020	202035604912	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

C T CORPORATION SYSTEM  
4400 EASTON COMMONS WAY  
SUITE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
341277**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**SKYLINE CHILL, INC**

and, that said business records show the filing and recording of:

Document(s)

**Conversion Within SOS Records**

Effective Date: **12/21/2020**

CHANGE BUSINESS TYPE DOM. LIMITED LIABILITY CO.

Document No(s):

**202035604912**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
21st day of December, A.D. 2020.

**Ohio Secretary of State**

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

# Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

**Filing Fee: \$99**  
**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

(1)  **Converting Within** The Records of the Ohio Secretary of State

(2)  **Converting Off** The Records of the Ohio Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
**(Check Only (1) One Box)**

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
**(Check Only (1) One Box)**

Domestic For-Profit Corporation  
 Domestic Professional Association  
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation  
 Foreign For-Profit Corporation  
 Domestic Nonprofit Limited Liability Company  
 Foreign Nonprofit Limited Liability Company  
 Domestic For-Profit Limited Liability Company  
 Foreign For-Profit Limited Liability Company

Partnership  
 Domestic Limited Partnership  
 Foreign Limited Partnership  
 Domestic Limited Liability Partnership  
 Foreign Limited Liability Partnership

Effective Date **(Optional)**  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

**See instructions for additional filing requirements if**

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by an authorized representative.

Mark J. Zummo

Signature

[Empty signature box]

By (if applicable)

Mark J. Zummo, Secretary

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

[Empty signature box]

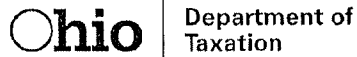
Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name



PO Box 182382  
Columbus, OH 43218-2382  
tax.ohio.gov



AARON M MONK  
KOHLEN & PATTON LLP  
201 EAST FIFTH ST SUITE 800  
CINCINNATI, OH 45202  
USA

November 24, 2020  
Contact ID: 6551820519

RE: Certificate of Tax Clearance  
Entity Name: Skyline Chill Inc  
Ohio Charter # 00341277  
Certificate Issue Date: 11/24/2020

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

A handwritten signature in black ink, appearing to read "Jeffrey A. McClain".

Jeffrey A. McClain  
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit  
Phone: 1-855-995-4422  
Fax: 1-206-984-0378  
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**

**Form Must Be Typed**

**CHECK ONLY ONE (1) BOX**

(1)  Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

For-Profit Limited Liability Company (115-LCA)

(2)  Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Optional: Effective Date (MM/DD/YYYY)  (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for  Period of Existence

Optional: Purpose

**\*\* Note for Nonprofit LLCs**  
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*



### Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Skyline CEM Holdings, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

K&P Statutory Services, Inc.

(Name of Statutory Agent)

201 East Fifth St, Ste 800

(Mailing Address)

Cincinnati

(Mailing City)

OH

(Mailing State)

45202

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned, K&P Statutory Services, Inc., named herein as the  
(Name of Statutory Agent)

Statutory agent for Skyline CEM Holdings, LLC  
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Mark J. Zummo, President

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

AGM Holdings, Inc.

Signature

Kevin R. McDonnell

By (if applicable)

Kevin R. McDonnell, President

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

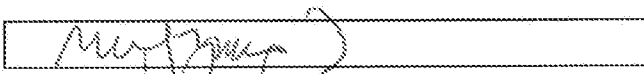
Skyline Chili, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)	Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	12/04/2020	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	12/04/2020
* Only required for domestic for-profit corporations		Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413	Regular Address: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	11/24/2020	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.			

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title Secretary

Mark J. Zummo  
Name

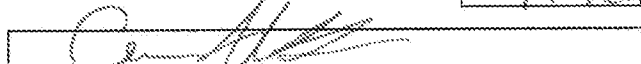
201 East Fifth Street, Suite 800  
Mailing Address

Cincinnati City OH State 45202 ZIP Code

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 12/14/20



AARON M. MONK  
Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Date, Section 147.03 O.R.C.

  
Notary Public

Date Commission Expires (MM/DD/YYYY)

**AFFIDAVIT OF PERSONAL PROPERTY**

State of

County of

Name of Officer

Title of Officer

of   
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal



**AARON M. MONK**  
Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Date, Section 147.03 O.R.C.

Notary Public

Date Commission Expires (MM/DD/YYYY)

**Schedule A**

**Certificate for Conversion for Entities Converting Within or Off the  
Records of the Ohio Secretary of State**

Affidavit of Personal Property

In addition to the counties referenced on the Affidavit of Personal Property of Skyline Chili, Inc. (the "Company"), the Company has personal property in the following Ohio counties:

- Clermont
- Cuyahoga
- Montgomery
- Franklin
- Fairfield
- Greene
- Miami
- Delaware