

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM683963

<b>SUBMISSION TYPE:</b>	RESUBMISSION
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION
<b>RESUBMIT DOCUMENT ID:</b>	900647951
<b>SEQUENCE:</b>	1

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
EU NATURAL INC		02/07/2019	Corporation: CALIFORNIA

## RECEIVING PARTY DATA

<b>Name:</b>	EU NATURAL INC
<b>Street Address:</b>	7052 Santa Teresa Blvd. #43
<b>City:</b>	San Jose
<b>State/Country:</b>	CALIFORNIA
<b>Postal Code:</b>	95139
<b>Entity Type:</b>	Corporation: NEVADA

## PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
<b>Registration Number:</b>	5213146	EU NATURAL

## CORRESPONDENCE DATA

**Fax Number:** 2165790212  
*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.*  
**Phone:** 216-586-3939  
**Email:** matkins@jonesday.com, pcyingier@jonesday.com  
**Correspondent Name:** MICHAEL P. ATKINS/JONES DAY  
**Address Line 1:** 901 LAKESIDE AVENUE  
**Address Line 4:** CLEVELAND, OHIO 44114

<b>ATTORNEY DOCKET NUMBER:</b>	010801-000005
<b>NAME OF SUBMITTER:</b>	MICHAEL P. ATKINS
<b>SIGNATURE:</b>	/MICHAEL P. ATKINS/
<b>DATE SIGNED:</b>	10/27/2021

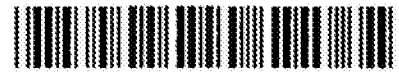
## Total Attachments: 6

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\*140503\*




BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20190064656-79</b> Filing Date and Time <b>02/07/2019 7:59 AM</b> Entity Number <b>E0070442019-1</b>
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**Articles of Domestication**  
(PURSUANT TO NRS 92A.270)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Entity Name and Type of Domestic Entity as set forth in its Charter Documents:	EU Natural Inc  Corporation
2. Entity Name Before Filing Articles of Domestication:	EU Natural Inc
3. Date and Jurisdiction of Original Formation:	March 24, 2014  California Secretary Of State
4. Jurisdiction that Constituted the Principal Place of Business, Central Administration or Equivalent of the Undomesticated Entity Immediately Before Articles of Domestication:	California Secretary Of State
5. Signature of Authorized Representative:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input checked="" type="checkbox"/>  Authorized Signature         </div> <div style="border: 1px solid black; padding: 2px;">           02/07/2019 Date         </div> </div>

Filing Fee: \$350.00

**IMPORTANT: This document must be accompanied by the appropriate constituent document for the type of domestic entity described in article 1 above and the filing fees.**

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 92A Domestication  
Revised: 1-5-15

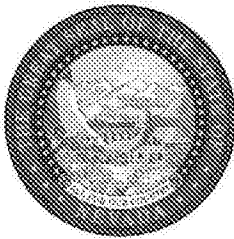
**TRADEMARK**  
**REEL: 007471 FRAME: 0950**

SECRETARY OF STATE



**CORPORATE CHARTER  
(DOMESTICATION)**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that **EU NATURAL INC** did on February 7, 2019, file in this office Articles of Domestication and Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 14, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

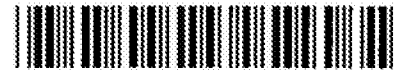
Certified By: Melanie Negralle  
Certificate Number: C20190212-1814

TRADEMARK

REEL: 007471 FRAME: 0951



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov



\*040105\*

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>00011240215-06</b> Filing Date and Time <b>02/07/2019 7:59 AM</b> Entity Number <b>E0070442019-1</b>
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**Articles of Incorporation**  
 (PURSUANT TO NRS CHAPTER 78)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Corporation:</b>	EU Natural Inc		
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: <b>Bongiovi Law Firm</b> Name		
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)		
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity		
	Street Address	City	Nevada Zip Code
<b>3. Authorized Stock:</b> (number of shares corporation is authorized to issue)	Number of shares with par value:	Par value per share: \$	Number of shares without par value: 1500
<b>4. Names and Addresses of the Board of Directors/ Trustees:</b> (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/ trustees)	1) <b>Vinay Amin</b> Name		
	2654 W Horizon Ridge Pkwy Ste B5-93	Henderson	NV 89052
	Street Address	City	State Zip Code
	2) _____ Name		
<b>5. Purpose:</b> (optional; required only if Benefit Corporation status selected)	The purpose of the corporation shall be: Any purpose		<b>6. Benefit Corporation:</b> (see instructions) <input type="checkbox"/> Yes
<b>7. Name, Address and Signature of Incorporator:</b> (attach additional page if more than one incorporator)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.		
	Bongiovi Law Firm	<b>X</b>	<i>[Signature]</i>
	2620 Regatta Dr Ste 102	Las Vegas	NV 89128
	Address	City	State Zip Code
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.		
	<b>X</b> <i>[Signature]</i>	Date: 02/07/2019	
	Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity		

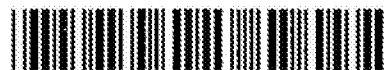
This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78 Articles Revised: 9-26-17

**TRADEMARK**  
**REEL: 007471 FRAME: 0952**



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov



\*180304\*

## Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

**This form may be submitted by:** a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

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### Certificate of Acceptance of Appointment by Registered Agent

In the matter of EU Natural Inc  
Name of Represented Business Entity

I, Bongiovi Law Firm am a:  
Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent\*

(complete only one)

- a)  commercial registered agent listed with the Nevada Secretary of State,
- b)  noncommercial registered agent with the following address for service of process:

Nevada   
Street Address City Zip Code

Nevada   
Mailing Address (if different from street address) City Zip Code

- c)  represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity

Nevada   
Street Address City Zip Code

Nevada   
Mailing Address (if different from street address) City Zip Code

and hereby state that on 02/07/2019 I accepted the appointment as registered agent for the above named business entity.  
Date

**X**   
Authorized Signature of R.A. or On Behalf of R.A. Company

02/07/2019  
Date

\*If changing Registered Agent when reinstating, officer's signature required.

**X**   
Signature of Officer

Date

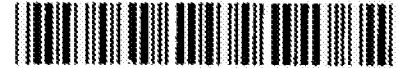
**(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:**

ENTITY NUMBER

EU Natural

NAME OF CORPORATION

FOR THE FILING PERIOD OF 02/07/2019 TO 02/28/2020



\*100103\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20190064659-02</b> Filing Date and Time <b>02/07/2019 7:59 AM</b> Entity Number <b>E0070442019-1</b>
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ABOVE SPACE IS FOR OFFICE USE ONLY

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:  **NRS 76.020 Exemption Codes**  
 NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.  
 001 - Governmental Entity  
 006 - NRS 680B.020 Insurance Co
- This corporation is a publicly traded corporation. The Central Index Key number is:
- This publicly traded corporation is not required to have a Central Index Key number.

NAME Vinay Amin	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS 2654 W Horizon Ridge Pkw Ste B5-93	CITY STATE ZIP CODE Henderson NV 89052
NAME Vinay Amin	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS 2654 W Horizon Ridge Pkw Ste B5-93	CITY STATE ZIP CODE Henderson NV 89052
NAME Vinay Amin	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS 2654 W Horizon Ridge Pkw Ste B5-93	CITY STATE ZIP CODE Henderson NV 89052
NAME Vinay Amin	TITLE(S) DIRECTOR
ADDRESS 2654 W Horizon Ridge Pkw Ste B5-93	CITY STATE ZIP CODE Henderson NV 89052

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.336, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

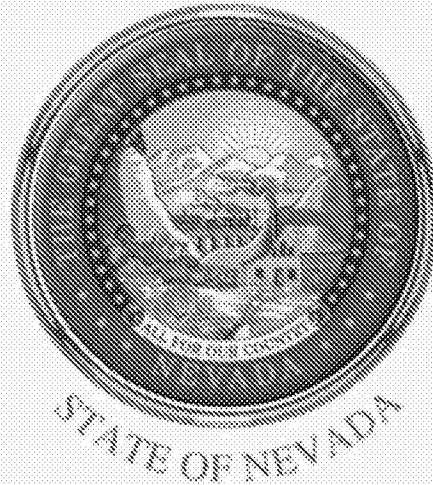
**X**   
 Signature of Officer or  
 Other Authorized Signature

Title: Attorney Date: 02/07/2019

Nevada Secretary of State List Profit Form: 100103 Revised: 11-7-17

**TRADEMARK**  
**REEL: 007471 FRAME: 0954**

SECRETARY OF STATE



# NEVADA STATE BUSINESS LICENSE

**EU NATURAL INC**

Nevada Business Identification # NV20191124876

**Expiration Date: February 29, 2020**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 14, 2019

Handwritten signature of Barbara K. Cegavske.

Barbara K. Cegavske  
Secretary of State

*You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.*

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.

TRADEMARK