

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM684281

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION
<b>SEQUENCE:</b>	1

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Navitas Systems, LLC		07/21/2021	Limited Liability Company: ILLINOIS

## RECEIVING PARTY DATA

<b>Name:</b>	Navitas Systems, LLC
<b>Street Address:</b>	102 Deka Road
<b>City:</b>	Lyon Station
<b>State/Country:</b>	PENNSYLVANIA
<b>Postal Code:</b>	19536
<b>Entity Type:</b>	Limited Liability Company: PENNSYLVANIA

## PROPERTY NUMBERS Total: 15

Property Type	Number	Word Mark
Registration Number:	6072974	CENTURION
Registration Number:	4882750	CENTURION
Registration Number:	5214326	CENTURION TELECOM BATTERY SYSTEM
Registration Number:	5214325	CENTURION UPS BATTERY SYSTEM
Registration Number:	4842576	FRONTIERION
Registration Number:	4703903	FRONTIERION PORTABLE POWER SYSTEM
Registration Number:	4665522	NAVITAS
Registration Number:	6099169	POWERFORCE
Registration Number:	4658358	POWERFORCE
Registration Number:	5013536	POWERFORCE
Registration Number:	5100804	SOLARAY
Registration Number:	5218888	SOLARAY SOLAR OPTIMIZED LITHIUM BATTERY
Registration Number:	4842575	STARLIFTER
Registration Number:	4842673	STARLIFTER LITHIUM FORKLIFT BATTERY SYST
Registration Number:	4809981	ULTANIUM

## CORRESPONDENCE DATA

Fax Number: 7172914660

TRADEMARK

**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:** 7173991503  
**Email:** slandis@barley.com  
**Correspondent Name:** Scott F. Landis  
**Address Line 1:** 126 East King Street  
**Address Line 4:** Lancaster, PENNSYLVANIA 17602

<b>NAME OF SUBMITTER:</b>	Scott F. Landis
<b>SIGNATURE:</b>	/scott f. landis/
<b>DATE SIGNED:</b>	10/28/2021

**Total Attachments: 4**

source=FILED Statement of Domestication (Navitas Systems, LLC IL-PA)#page1.tif  
source=FILED Statement of Domestication (Navitas Systems, LLC IL-PA)#page2.tif  
source=FILED Statement of Domestication (Navitas Systems, LLC IL-PA)#page3.tif  
source=FILED Statement of Domestication (Navitas Systems, LLC IL-PA)#page4.tif





**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to:  <hr/> Name  <hr/> Address  <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span>  <input type="checkbox"/> Return document by email to: _____	<b>Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)</b>
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125       I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Navitas Systems, LLC  
*(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)*

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company’s registered office in this Commonwealth is:  
*(post office box alone is not acceptable)*

102 Deka Road	Lyon Station	PA	19536	Berks
Number and Street	City	State	Zip	County

(b) The name of this limited liability company’s commercial registered office provider and county of venue is:

c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

3. The name of each organizer is *(all organizers must sign on page 2)*:

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4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

- The Certificate of Organization shall be effective upon filing in the Department of State.
- The Certificate of Organization shall be effective on: 08/02/2021 at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

This limited liability company shall have the purpose of creating general public benefit.

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature