

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM707798

<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>
North American Science Associates, Inc.		02/18/2021	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	North American Science Associates, LLC		
<b>Street Address:</b>	6750 Wales Rd.		
<b>City:</b>	Northwood		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43619		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 5</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	77556778	NAMSA	
<b>Serial Number:</b>	77556866	NAMSA	
<b>Serial Number:</b>	73152230	NAMSA	
<b>Serial Number:</b>	85868190	MRO	
<b>Serial Number:</b>	87704377	NAMSA	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4192559639		
<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>	4192555900		
<b>Email:</b>	mst@mstfirm.com		
<b>Correspondent Name:</b>	Macmillan, Sobanski & Todd, LLC		
<b>Address Line 1:</b>	720 Water Street		
<b>Address Line 2:</b>	One Maritime Plaza, Fifth Floor		
<b>Address Line 4:</b>	Toledo, OHIO 43604		
<b>NAME OF SUBMITTER:</b>	Timothy J. Van Tuinen		
<b>SIGNATURE:</b>	/Timothy J. Van Tuinen/		
<b>DATE SIGNED:</b>	02/11/2022		
<b>Total Attachments: 7</b>			

OP \$140.00 77556778

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source=2022-02-09\_CertificateForConversion\_1007#page7.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/19/2021	202105001686	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

**Receipt**

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

SHUMAKER, LOOP & KENDRICK, LLP  
STACEY STAMITOLES, SENIOR PARALEGAL  
1000 JACKSON ST.  
TOLEDO, OH 43604

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
362051**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**NORTH AMERICAN SCIENCE ASSOCIATES, LLC**

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

Document(s)

**Conversion Within SOS Records**

**Effective Date: 02/18/2021**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**202105001686**



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  
19th day of February, A.D. 2021.

*Frank LaRose*  
Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453  
 Central Ohio: 614.466.3910  
 OhioSoS.gov  
 business@OhioSoS.gov  
 File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

Mail this form to one of the following:

**Regular Filing (non expedite)**  
 P.O. Box 1329  
 Columbus, OH 43216

**Expedite Filing (Two business day processing time. Requires an additional \$100.00)**  
 P.O. Box 1390  
 Columbus, OH 43216

For screen readers, follow instructions located at this path.

## 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	North American Science Associates, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	362051

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

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 (MM/DD/YYYY)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

(Optional)

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.

\_\_\_\_\_  
Designated by  
*Brian Sheridan*  
(SECRETARY OF STATE)  
Signature

\_\_\_\_\_

By (if applicable)

\_\_\_\_\_  
Brian Sheridan

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

By (if applicable)

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

By (if applicable)

\_\_\_\_\_

Print Name

Form 533A Prescribed by:



Toll Free: 877.767.3453  
Central Ohio: 614.466.3910  
OhioSoS.gov  
business@OhioSoS.gov  
File online or for more information: OhioBusinessCentral.gov

Mall this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1380  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

## 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)

(2) Articles of Organization for Domestic  
 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

North American Science Associates, 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:

CT Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43219

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned, CT Corporation System, named herein as the  
(Name of Statutory Agent)

Statutory agent for North American Science Associates, LLC  
(Name of Limited Liability Company)

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

Statutory Agent Signature CT Corporation System

By: Laura Broderick  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)  
Laura Broderick  
Assistant Secretary



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.

*Brian Sheridan*  
Signature

By (if applicable)

Brian Sheridan  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name