

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM709503

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Corporate Screening Services, Inc.		11/24/2021	Corporation:
RECEIVING PARTY DATA			
Name:	Corporate Screening Services, LLC		
Street Address:	7271 Engle Road, Ste. 200		
City:	Cleveland		
State/Country:	OHIO		
Postal Code:	44130		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Serial Number:	88723536	CORPORATE SCREENING	
Serial Number:	78944327	CS	
Serial Number:	78944258	CS CORPORATE SCREENING	
Serial Number:	85849008	VERIFYSTUDENTS	
Serial Number:	88681928		
CORRESPONDENCE DATA			
Fax Number:	8132291660		
<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>			
Phone:	8132297600		
Email:	mrichter@shumaker.com		
Correspondent Name:	Mindi M. Richter		
Address Line 1:	101 E. Kennedy Blvd., Suite 2800		
Address Line 4:	Tampa, FLORIDA 33602		
NAME OF SUBMITTER:	Mindi M. Richter		
SIGNATURE:	/Mindi M. Richter/		
DATE SIGNED:	02/21/2022		
Total Attachments: 10			
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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

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	CORPORATE SCREENING SERVICES, INC.
Jurisdiction of Formation	OHIO
Charter/Registration Number	928569

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.

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

Mail 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 1390
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: CORPORATE SCREENING SERVICES LLC
(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)
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

CORPORATE SCREENING SERVICES 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:

C T 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, C T Corporation System, named herein as the
(Name of Statutory Agent)

Statutory agent for CORPORATE SCREENING SERVICES LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature /s/Laura R. Broderick - Laura R. Broderick Assistant Secretary
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

CORPORATE SCREENING SERVICES, 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.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) 11/24/2021</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-486-2319</p> <p>Date Notified (MM/DD/YYYY) 11/24/2021</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Diasolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY)</p> <p><small>* 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.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

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

Signature  Title **CHIEF EXECUTIVE OFFICER**

DENNIS E. DRELLISHAK, SR.
Name

18350 COMMERCE COURT
Mailing Address

MIDDLEBURG HEIGHTS **Ohio** **44130**
City State ZIP Code

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) **11/24/2021**



JESSICA M. FELLERS
NOTARY PUBLIC, STATE OF OHIO
Recorded in Cuyahoga County
Commission No: 2014-RE-013281
My Commission Expires 9/29/2024

Jessica M. Fellers
Notary Public

Date Commission Expires (MM/DD/YYYY) **09/29/2024**

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

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.

CSSI HOLDINGS LLC

Signature



By (if applicable)

DENNIS E. DRELLISHAK, SR., PRESIDENT

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

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.

CSSI HOLDINGS LLC

Signature



By (if applicable)

DENNIS E. DRELLISHAK, SR., PRESIDENT

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name