

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM715035

<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>
Campania International, Inc.		04/09/2021	Corporation: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Campania International, LLC		
<b>Street Address:</b>	2452 Quakertown Road		
<b>City:</b>	Pennsburg		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	18073		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2963635	CAMPANIA	
<b>Registration Number:</b>	4263272	CAMPANIA	
<b>Registration Number:</b>	1761375	NINA STUDIO	
<b>Serial Number:</b>	97104897	BEAUTY OF AUTHENTICITY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3022980828		
<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>	610-940-1656		
<b>Email:</b>	gtannenbaum@ttlawgroup.com		
<b>Correspondent Name:</b>	Gary Tannenbaum		
<b>Address Line 1:</b>	600 West Germantown Pike		
<b>Address Line 2:</b>	Suite 400		
<b>Address Line 4:</b>	Plymouth Meeting, PENNSYLVANIA 19462		
<b>NAME OF SUBMITTER:</b>	Gary Tannenbaum, Esq.		
<b>SIGNATURE:</b>	/gary tannenbaum/		
<b>DATE SIGNED:</b>	03/17/2022		
<b>Total Attachments: 8</b>			
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source=CONVERSION DOCUMENTS FOR CAMPANIA INTERNATIONAL (00201534xE61C4)#page2.tif			

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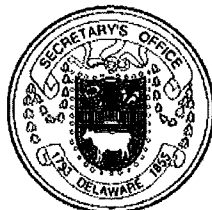
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A PENNSYLVANIA CORPORATION UNDER THE NAME OF "CAMPANIA INTERNATIONAL, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "CAMPANIA INTERNATIONAL, INC." TO "CAMPANIA INTERNATIONAL, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF APRIL, A.D. 2021, AT 10:17 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE NINTH DAY OF APRIL, A.D. 2021 AT 12 O`CLOCK P.M.



5825944 8100F  
SR# 20211234831

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202930795  
Date: 04-09-21

**TRADEMARK**  
**REEL: 007662 FRAME: 0358**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:17 AM 04/09/2021  
FILED 10:17 AM 04/09/2021  
SR 20211234831 - File Number 5825944

**STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
OF  
CAMPANIA INTERNATIONAL, INC.,  
A PENNSYLVANIA CORPORATION,  
FROM A NON-DELAWARE-DOMICILED CORPORATION  
TO  
CAMPANIA INTERNATIONAL, LLC,  
A DELAWARE LIMITED LIABILITY COMPANY  
PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT**

1. The Non-Delaware Corporation was first formed in the Commonwealth of Pennsylvania on June 8, 2000, and its jurisdiction immediately prior to filing this Certificate of Conversion is the Commonwealth of Pennsylvania.
2. The name of the Non-Delaware Corporation immediately prior to filing this Certificate of Conversion is Campania International, Inc.
3. This name of the Limited Liability Company as set forth in the Certificate of Formation filed herewith is Campania International, LLC.
4. This Certificate of Conversion shall become effective on April 9, 2021 at 12:00 p.m.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Conversion as of the 9th day of April, 2021.

CAMPANIA INTERNATIONAL, INC.

By:   
Name: Richard M. Horowitz  
Title: Secretary

**CERTIFICATE OF FORMATION  
OF  
CAMPANIA INTERNATIONAL, LLC**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Delaware (particularly Chapter 18, Title 6 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified and referred to as the "Delaware Limited Liability Company Act"), hereby certifies that:

**FIRST:** The name of the limited liability company (hereinafter called the "limited liability company") is Campania International, LLC.


**SECOND:** The name of the registered agent and the address of the registered office of the limited liability company required to be maintained by Section 18-104 of the Delaware Limited Liability Company Act are The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware, 19801.

**THIRD:** This Certificate of Formation shall become effective on April 9, 2021 at 12:00 p.m.

Dated: April 9, 2021

  
\_\_\_\_\_  
Richard M. Horowitz  
Authorized Person

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

<input type="checkbox"/> Return document by mail to:	<p style="text-align: center;"><b>Statement of Conversion</b> DSCB:15-355 (7/1/2015)</p>  <p style="text-align: center;">TCO210409MC0779</p>	
Name		<b>RETURN PER</b>
Address		<b>INSTRUCTIONS ON</b>
City		<b>EXPEDITE FORM</b>
State		
Zip Code		
<input type="checkbox"/> Return document by email to: _____		

Read all instructions prior to

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

**A. For the converting association:**

1. The name of the converting association is: CAMPANIA INTERNATIONAL, INC.

2. The jurisdiction of formation of the converting association is: COMMONWEALTH OF PENNSYLVANIA

3. The type of association is (check only one):

- |                                                          |                                                                  |                                                   |
|----------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation           | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

06/08/2000  
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988  
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

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6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p><b>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</b></p> <p>(a) <u>165 TOWNSHIP LINE ROAD, SUITE 2100, JENKINTOWN PENNSYLVANIA 19046 MONTGOMERY</u>  <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____  <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p><b>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____  <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p><b>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</b></p> <p>_____  <small>Number and street City State Zip</small></p>

**B. For the converted association:**

1. The name of the converted association is: CAMPANIA INTERNATIONAL, LLC
2. The jurisdiction of formation of the converted association is: STATE OF DELAWARE
3. The type of association is (check only one):
 

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p><b>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</b></p> <p>(a) <u>50 MONUMENT ROAD</u>                      <u>BALA CYNWYD</u>                      <u>PENNSYLVANIA</u> <u>19004</u>                      <u>MONTGOMERY</u>  <small>Number and street                                              City                                              State                                              Zip                                              County</small></p> <p>(b) c/o: _____  <small>Name of Commercial Registered Office Provider                                              County</small></p>
<input type="checkbox"/>	<p><b>If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____  <small>Number and street                                              City                                              State                                              Zip                                              County</small></p>
<input type="checkbox"/>	<p><b>If the converted association is a nonregistered foreign association, complete both (1) and (2).</b></p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____  <small>Number and street                                              City                                              State                                              Zip</small></p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____  <small>Name of Registered Agent</small></p> <p>_____  <small>Number and street                                              City                                              State                                              Zip</small></p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: 04/09/2021 at 12:00 p.m.  
Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

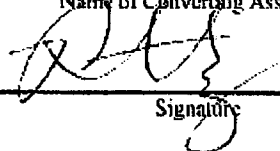
- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law
- of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 9th day of APRIL, 2021.

CAMPANIA INTERNATIONAL, INC.

\_\_\_\_\_  
Name of Converting Association




\_\_\_\_\_  
Signature

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Title



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

<input type="checkbox"/> Return document by mail to:	<b>Foreign Registration Statement</b> DSCB:15-412 (rev. 2/2017)  TCO210409MC0786	
Name		RETURN PER
Address		INSTRUCTIONS ON
		EXPEDITE FORM
City		State
<input type="checkbox"/> Return document by email to:		

Read all instructions prior to completing. This form may be sul

Fee: \$250

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- |                                                               |                                                                  |                                                   |
|---------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership   |                                                   |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

CAMPANIA INTERNATIONAL, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

3. The jurisdiction of formation is: DELAWARE

4. The street and mailing address of the association's principal office.

50 MONUMENT ROAD      BALA CYNWYD      PENNSYLVANIA      19004  
Number and street      City      State      Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

1209 ORANGE STREET      WILMINGTON      DELAWARE      19801  
Number and street      City      State      Zip

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5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) 50 MONUMENT ROAD BALA CYNWYD PENNSYLVANIA 19004 MONTGOMERY
Number and street City State Zip County
OR

(b) c/o: Name of Commercial Registered Office Provider County

6. Check one of the following:

- [X] The association may not have series.
[] The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- [] The Foreign Registration Statement shall be effective upon filing in the Department of State.
[X] The Foreign Registration Statement shall be effective on: 04/09/2021 at 12:00 p.m.
Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

[X] The association is a limited liability company which is not organized to render any of the below professional service(s).

[] The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

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

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 9th day of APRIL, 20 21.

CAMPANIA INTERNATIONAL, LLC

Name of Association

[Handwritten Signature]

Signature

Chairman

Title