

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM735363

<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>
OuterBox Solutions, Inc.		06/06/2022	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	OuterBox, LLC		
<b>Street Address:</b>	175 Montrose West Ave., Suite 200		
<b>City:</b>	Copley		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44321		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5953104	OUTERBOX	
<b>Serial Number:</b>	90899946	RESULTS DRIVEN ONLINE MARKETING	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	415-591-1000		
<b>Email:</b>	TrademarksSF@winston.com		
<b>Correspondent Name:</b>	Becky Troutman		
<b>Address Line 1:</b>	101 California Street		
<b>Address Line 4:</b>	San Francisco, CALIFORNIA 94111		
<b>NAME OF SUBMITTER:</b>	Becky L. Troutman (KER)		
<b>SIGNATURE:</b>	/Becky L. Troutman/		
<b>DATE SIGNED:</b>	06/16/2022		
<b>Total Attachments: 14</b>			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/07/2022	202215800264	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

**Receipt**

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

BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP  
200 PUBLIC SQUARE  
CLEVELAND, OH 44114

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1457022**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**OUTERBOX, LLC**

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

Document(s)

**Conversion Within SOS Records**

CHANGE BUSINESS TYPE FOREIGN LLC

Document No(s):

**202215800264**

Effective Date: **06/07/2022**



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  
7th day of June, A.D. 2022.

**Ohio Secretary of State**



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

# 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

Jurisdiction of Formation

Charter/Registration Number

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 Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign 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  
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation  
 Foreign For-Profit Corporation  
 Domestic Limited Liability Company  
 Foreign Limited Liability Company

Partnership  
 Domestic Limited Partnership  
 Foreign Limited Partnership  
 Domestic Limited Liability Partnership  
 Foreign Limited Liability Partnership

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

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.

Outerbox Solutions, Inc.

Signature

/s/ Justin Smith

By (if applicable)

Justin Smith

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

### AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

OuterBox Solutions, 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><b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p><b>Date Notified</b> (MM/DD/YYYY) 06/06/2022</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p><b>Agency</b> Ohio Job &amp; Family Services Status and Liability Section Data Correspondence Control <b>Fax:</b> 614-752-4811 <b>Phone:</b> 614-466-2319</p> <p><b>Overnight Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p> <p><b>Regular Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p>
<p><b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p><b>Date Notified</b> (MM/DD/YYYY)</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * <b>Note:</b> 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

Name

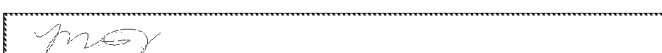
Mailing Address

City State ZIP Code

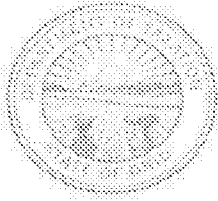
Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY)



Martha Nikolaus  
Notary Public  
Commission expires: 3/24/25

  
Notary Public

Date Commission Expires (MM/DD/YYYY)



Ohio

Department of  
Taxation

Office of Agency Performance  
and Audit Services  
2000 Riverside Plaza Blvd  
Columbus, Ohio 43260-3484

Ohio.gov  
www.ohio.gov  
For more information, contact:

June 3, 2022

Samantha Barbara  
Benesch Friedlander Coplan and Aronoff LLP  
200 Public Square Ste 2300  
Cleveland, OH 44114  
USA

Re: Certificate of Tax Clearance  
Entity Name: Outerbox Solutions Inc  
Charter# 01457022  
Certificate Issue Date: 06/03/2022

Dear Taxpayer:

This certificate, when timely presented to the Ohio Secretary of State, will provide the necessary guarantee that all taxes administered by the Tax Commissioner that are required to be filed and paid to the Ohio Department of Taxation (Department) have been satisfied or adequately guaranteed up to the issue date indicated on the certificate.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and tax liabilities that become due after the certificate issue date or as a result of an examination, audit, or appeal for any period ending prior to the date of dissolution with the Ohio Secretary of State.

The Certificate of Tax Clearance is valid for 30 days from the date of issuance as indicated on the enclosed certificate and must be filed along with all forms prescribed by the Ohio Secretary of State.

  
Jeffrey A McClain  
Tax Commissioner

If you have any questions, please contact us:

Tax Release Unit  
P.O. Box 182382  
Columbus, OH 43218-2382  
Phone: 855-995-4422  
Facsimile: 206-984-0378

**TRADEMARK**  
**REEL: 007755 FRAME: 0748**



**AFFIDAVIT OF PERSONAL PROPERTY**

State of

County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

Signature

Title

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

Seal



Martha Nikolaus  
Notary Public  
Commission expires: 3/24/25

Notary Public

Date Commission Expires (MM/DD/YYYY)

Form 617 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 1395
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Registration of a Foreign Limited Liability Company
For a Foreign (Non-Ohio) Limited Liability Company
Filing Fee: \$99
Form Must Be Typed
106-LFA

Name of Limited Liability Company in its jurisdiction of formation

OuterBox, LLC

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)

Jurisdiction of formation Delaware

The foreign limited liability company is a foreign limited liability company.

Optional: Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.

## Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

OuterBox, 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)

Ohio

(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 OuterBox, 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 Broderick, Assistant Secretary  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

/s/ Justin Smith

Signature

By (if applicable)

Justin Smith

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "OUTERBOX, LLC" FILED IN THIS OFFICE ON THE SIXTH DAY OF JUNE, A.D. 2022, AT 10:40 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

6730334 8100F  
SR# 20222625346

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

Authentication: 203600131  
Date: 06-06-22

**TRADEMARK**  
**REEL: 007755 FRAME: 0753**


# 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 AN OHIO CORPORATION UNDER THE NAME OF "OUTERBOX SOLUTIONS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "OUTERBOX SOLUTIONS, INC." TO "OUTERBOX, LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF JUNE, A.D. 2022, AT 10:40 O`CLOCK A.M.*



  
Jeffrey W. Bullock, Secretary of State

6730334 8100F  
SR# 20222625346

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

Authentication: 203600131  
Date: 06-06-22

**TRADEMARK**  
**REEL: 007755 FRAME: 0754**

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY  
COMPANY ACT

- 1.) The jurisdiction where the Corporation first formed is Ohio.
- 2.) The jurisdiction immediately prior to filing this Certificate is Ohio.
- 3.) The date the corporation first formed is April 15, 2004.
- 4.) The name of the Corporation immediately prior to filing this Certificate is OuterBox Solutions, Inc..
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is OuterBox, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
6th day of June, A.D. 2022.

By: JS  
Authorized Person

Name: Justin Smith  
Print or Type

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is OuterBox, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street, Corporation Trust Center (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company

By: *JS*  
Authorized Person

Name: Justin Smith  
Print or Type