

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM773873

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Arora Engineers, Inc.		05/03/2022	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Arora Engineers, LLC		
Street Address:	61 Wilmington-West Chester Pike		
City:	Chadds Ford		
State/Country:	PENNSYLVANIA		
Postal Code:	19317		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 9			
Property Type	Number	Word Mark	
Serial Number:	88396880	ARORA SOLUTIONS FOR SECURE ENVIRONMENTS	
Serial Number:	87349286	ARORA TECHNOLOGY GROUP, LLC AN ARORA COM	
Serial Number:	87346038	ARORA SYSTEMS GROUP, LLC AN ARORA COMPAN	
Serial Number:	86973062	RETHINKING INFRASTRUCTURE	
Serial Number:	86906260	ARORA ATLAS	
Serial Number:	76704119	ARORA SOLUTIONS FOR SECURE ENVIRONMENTS	
Serial Number:	76509834	ARORA	
Serial Number:	76637704	SOLUTIONS FOR SECURE ENVIRONMENTS	
Serial Number:	76510183	ARORA ARORA ENGINEERS, INC.	
CORRESPONDENCE DATA			
Fax Number:	7327534065		
<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:	3128573101		
Email:	julie@katzgroupllc.com		
Correspondent Name:	Julie A. Katz		
Address Line 1:	1711 N Hermitage Ave		
Address Line 4:	Chicago, ILLINOIS 60622		
NAME OF SUBMITTER:	Julie A. Katz		

OP \$240.00 88396880

SIGNATURE:	/jak/
DATE SIGNED:	12/13/2022
Total Attachments: 6 source=Arora Engineers LLC_filed PA conversion (from Arora Engineers Inc.)#page1.tif source=Arora Engineers LLC_filed PA conversion (from Arora Engineers Inc.)#page2.tif source=Arora Engineers LLC_filed PA conversion (from Arora Engineers Inc.)#page3.tif source=Arora Engineers LLC_filed PA conversion (from Arora Engineers Inc.)#page4.tif source=Arora Engineers LLC_filed PA conversion (from Arora Engineers Inc.)#page5.tif source=Arora Engineers LLC_filed PA conversion (from Arora Engineers Inc.)#page6.tif	

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

Return document by mail to:


Name CT - COUNTER

Address nicole.grimme@wolterskluwer.com

City _____ State _____ Zip Code _____

Return document by email to: 14305815 SO-1

Statement of Conversion
DSCB:15-355
(7/1/2015)



TCO220503MC0970

Read all instructions prior

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: Arora Engineers, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

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

- Business Corporation
- Nonprofit Corporation
- Limited Liability Company
- Limited Partnership
- Limited Liability (General) Partnership
- Limited Liability Limited Partnership
- Business Trust
- Professional Association
- Other _____

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

10/06/1986
(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 1933
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT OF STATE
MAY 03 2022

DSCB:15-355-3

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

<input checked="" type="checkbox"/>	<p>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:</p> <p>(a) <u>61 Wilmington-West Chester Pike Suite 100 Chadds Ford PA 19317 Delaware</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Number and street City State Zip County </div> </p> <p>(b) c/o: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name of Commercial Registered Office Provider County </div> </p>
<input type="checkbox"/>	<p>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:</p> <p>_____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number and street City State Zip County </div> </p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</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>_____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number and street City State Zip </div> </p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name of Registered Agent </div> </p> <p>_____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number and street City State Zip </div> </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: _____ at _____.

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 2 day of May, 2022.

Arora Engineers, Inc.
 Name of Converting Association

DocuSigned by:
Manik B. Arora
 SF37381C289E479...
 Signature

President
 Title

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

<input type="checkbox"/> Return document by mail to: <hr/> Name CT - COUNTER <hr/> Address nicole.grimme@welterskluwer.com <hr/> City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: 14305815803	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017) 8821
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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: Arora Engineers, 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)

61 Wilmington-West Chester Pike Suite 100 Chadds Ford PA 19317 Delaware

Number and Street	City	State	Zip	County
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(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)*:

Manik Arora

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: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

DSCB:15-8821-2

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):

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

2nd day of May, 2022.

DocuSigned by:
Manik K. Arora

Signature

Signature

Signature