# OP \$40.00 5110265

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM773858

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

# **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type	
BADIZO, LLC		10/27/2017	Limited Liability Company: NEVADA	

# **RECEIVING PARTY DATA**

Name:	BADIZO, LLC
Street Address:	4466 DARROW ROAD
Internal Address:	SUITE 3
City:	STOW
State/Country:	OHIO
Postal Code:	44224
Entity Type:	Limited Liability Company: OHIO

# **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	5110265	B.Y.L.T.

# **CORRESPONDENCE DATA**

**Fax Number:** 9542788510

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.

**Phone:** 9548282334

**Email:** erica@ericawstump.com

Correspondent Name: Erica W. Stump / Erica W. Stump, P. A.

Address Line 1: 110 E BROWARD BLVD

Address Line 2: SUITE 1700

Address Line 4: FORT LAUDERDALE, FLORIDA 33301

NAME OF SUBMITTER:	Erica W. Stump
SIGNATURE:	/Erica W. Stump/
DATE SIGNED:	12/13/2022

# **Total Attachments: 8**

source=CONVERSION WITH SOS RECORDS#page1.tif source=CONVERSION WITH SOS RECORDS#page2.tif source=CONVERSION WITH SOS RECORDS#page3.tif

> TRADEMARK REEL: 007930 FRAME: 0126

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TRADEMARK REEL: 007930 FRAME: 0127



DATE 10/27/2017 DOCUMENT ID 201729902606

Conversion Within SOS Records (CVS)

99.00

0.00

CERT 0.00 COPY 0.00

# Receipt

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

NIEKAMP, WEISENSELL, MUTERSBAUGH & MASTRANTONIO, LLP THE NANTUCKET BUILDING, THIRD FLOOR 23 S. MAIN ST. **AKRON. OH 44308** 

# STATE OF OHIO CERTIFICATE

# **Ohio Secretary of State, Jon Husted** 3893624

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BADIZO, LLC

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

Document(s) **Conversion Within SOS Records**  Document No(s):

201729902606

Effective Date: 10/26/2017

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

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 27th day of October, A.D. 2017.

Jan Husted

**Ohio Secretary of State** 

**TRADEMARK** REEL: 007930 FRAME: 0128 Form 700 Prescribed by:



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910 www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov | File online or for more information: www.OHBusinessCentral.com

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 BADIZO, LLC	
Jurisdiction of Formation NEVADA	
Charter/Registration Number 3893624	
The converting entity is a: (Check Only (1) One Box)	
☐ Domestic Nonprofit Corporation	Partnership
☐ Domestic For-Profit Corporation	Domestic Limited Partnership
Foreign Nonprofit Corporation	Foreign Limited Partnership
Foreign For-Profit Corporation	Domestic Limited Liability Partnership
Domestic Nonprofit Limited Liability Company	Foreign Limited Liability Partnership
Foreign Nonprofit Limited Liability Company	
☐ Domestic For-Profit Limited Liability Company	
☑ Foreign For-Profit Limited Liability Company	
The converting entity hereby states that it has complied with and that those laws permit the conversion.	all laws in the jurisdiction under which it exists

Form 700 Page 1 of 3 **TRADEMARK** 315 **REEL: 007930 FRAME: 0129** 

Name of the converted entity	BADIZO, LLC			
Jurisdiction of Formation OHIO				
The converted entity is a: (Check Only (1) One Box)	C			
Domestic For-Profit Cor	ocration			
Domestic Professional A		nal Association, please indicat	e total number	
Foreign Nonprofit Corpo	ration	Partnership	***************************************	
Foreign For-Profit Corpo	oration	Domestic Lim	ited Partnership	
Domestic Nonprofit Limi	ted Liability Company	Foreign Limite	ed Partnership	
Foreign Nonprofit Limite	d Liability Company	Domestic Lim	ited Liability Partnership	
Domestic For-Profit Limi	ted Liability Company	Foreign Limite	ed Liability Partnership	
Foreign For-Profit Limite	d Liability Company			
Name and address of the person request.  John T. Hillyer  Name  4466 Darrow Road Ste 3  Mailing Address	or entity that will provide a copy	of the declaration of conve	rsion upon written	
Stow		Ohio	44224	
City		State	Zip Code	
Required information that must  If the converting entity is a domes address of the statutory agent upo	tic or foreign entity that will not	be licensed in Ohio, provide	the name and	
Name of Statutory Agent				
Mailing Address				
City		OH State	ZIP Code	
See instructions for additional f	ilina 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.

**TRADEMARK** 315 **REEL: 007930 FRAME: 0130** 

By signing and submitting this has the requisite authority to ex	form to the Ohio Secretary of State, the undersigned hereby certifies that he or she secute this document.
Required Must be signed by an authorized representative.	/s/ John T. Hillyer Signature
	By (if applicable)
	John T. Hillyer Print Name
	Signature
	By (if applicable)
	Print Name
	Signature
	By (if applicable)
	Print Name
	Print Name

TRADEMARK D15
REEL: 007930 FRAME: 0131



# JON HUSTED OHIO SECRETARY OF STATE

180 East Broad Street, Suite 103 (ground floor) • Columbus, Ohio. 43215 Toll Free: (877) SOS-FILE (767-3453). Central Ohio: (614) 466-3910. www.OhioSecretaryofState.gov • busserv@OhioSecretaryofState.gov

Please return the ap	pproval certificate to:
Name:	NWM, LLP
	(Individual or Business Name)
To the attention of:	Stephen M. Gross
	(If necessary)
Address:	23 S. Main St., Third Floor
City:	Akron
State:	Ohio ZIP Code: 44308
Phone Number:	(330) 434-1000 E-mail Address: sgross@nwm-law.com
	ı would like to receive important notices via e-mail from the Ohio Secretary of State's Business Services.
being created or	u would like to be signed up for our Filing Notification System for the business entity updated by filing this form. This is a free service provided to notify you via e-mail when filed on your business record.
	noney orders payable to: "Ohio Secretary of State" g Requested: (PLEASE CHECK <b>ONE</b> BOX BELOW)
	Only the filing fee listed on page one of the form is required and the filing will be ximately 3-7 business days. The processing time may vary based on the volume of our office.
	1: By including an Expedite fee of \$100.00, in addition to the regular filing fee on page filing will be processed within 2 business days after it is received by our office.
_ one of the form, the	2: By including an Expedite fee of \$200.00, in addition to the regular filing fee on page filing will be processed within 1 business day after it is received by our office. This service walk-in customers who hand deliver the document to the Client Service Center.
one of the form, the	3: By including an Expedite fee of \$300.00, in addition to the regular filing fee on page filing will be processed within 4 hours after it is received by our office, if received by 1:00 only available to walk-in customers who hand deliver the document to the Client Service Center.
_ to be submitted at a	g: For the purpose of advising as to the acceptability of the proposed filing, a form that is a later date for processing may be submitted for examination for a fee of \$50.00. The e complete within 1-2 business days.

Last Revised: 5/14/2014



Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910 Toll Free: (877) SOS-FILE (767-3453) www.OhioSecretaryofState.gov Busserv@ChioSecretaryofState.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

# Articles of Organization for a Domestic Limited Liability Company

Filling Fee: \$125

CHECK ON	ILY ONE (1) BOX			
For	cles of Organization for E -Profit Limited Liability Co -LCA)		(2) Articles of Organization for Domes Nonprofit Limited Liability Compan (115-LCA)	
Name of Li	mited Liability Company	BADIZO, LLC		
	Name must include one of	of the following words or ab	reviations: "limited liability company," "limited," "LLC," "L.L.C.," "lic	i., "or "itd"
Effective D (Optional)	ate mm/dd/yyyy		ce of the limited liability company begins upon the filir n a later date specified that is not more than ninety da	
This limited (Optional)	l liability company shall e	xist for Period of Ex	stence	
Purpose (Optional)				
		***************************************		
The Secreta exemptions	. Contact the Ohio Depa ity company secures the	rtment of Taxation and	iling with our office is not sufficient to obtain state or fo the Internal Revenue Service to ensure that the non al tax exemptions. These agencies may require that a	profit

Form 533A

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Last Revised: 5/14/2014

TRADEMARK REEL: 007930 FRAME: 0133

	manager(s) or represen	native(s) of	
BADIZO, LLC.		······································	
Nam	e of Limited Liability Co	mpany	
hereby appoint the following to be Statuto or permitted by statute to be served upon address of the agent is			
John T Hillyer			
Name of Agent			
4466 Darrow Road Ste 3			
Mailing Address			
Stow		Ohio	44224
City			
Oky		State	ZIP Code
ACCEP  undersigned, John T Hillyer  Statutory	PTANCE OF APP	OINTMENT	ZIP Code serein as the statutory age
ACCEP  undersigned, John T Hillyer  Statutory ,  for BADIZO, LLC.	Agent Name ed Liability Company	OINTMENT named h	erein as the statutory age
undersigned, John T Hillyer Statutory , for BADIZO, LLC. Name of Limits	Agent Name ed Liability Company	OINTMENT named h	erein as the statutory age

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 authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Marian Marian	errer	Service .	of the state of the	A Report Park	
attender in the state of the st	urte de tra	Street of the Street			,,,,,,,,,,,,,,,,
di		artir attetie			
Signature	ε.	.; .;	, president		
By (if applicable)					
John T. Hillyer	Pa	s í	345	770	}
Print Name					
	oli in anno anno anno anno anno anno anno		***************************************	***************************************	
Signature					
By (if applicable)					,,,
	***************************************		***************************************	***************************************	
Print Name					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				····	***************************************
By (if applicable)					
Print Name					

Form 533A

**RECORDED: 12/13/2022** 

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Last Revised: 5/14/2014