

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM819172

| | | | |
|-----------------------------------|-------------------------------------|--|--|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | Statement of Conversion | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| French Transit, LLC | | 05/31/2023 | Limited Liability Company: CALIFORNIA |
| RECEIVING PARTY DATA | | | |
| Name: | French Transit, LLC | | |
| Street Address: | 7588 Central Parke Blvd. Ste 220 | | |
| City: | Mason | | |
| State/Country: | OHIO | | |
| Postal Code: | 45040 | | |
| Entity Type: | Limited Liability Company: COLORADO | | |
| PROPERTY NUMBERS Total: 25 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 6885059 | CRYSTAL SAFETY ARMED WITH CONFIDENCE | |
| Registration Number: | 6841639 | CRYSTAL BODY DEODORANT | |
| Registration Number: | 6829922 | CRYSTAL | |
| Registration Number: | 6108740 | CRYSTAL TRUE MINERALS | |
| Registration Number: | 5770662 | LUSTER PREMIUM WHITE POWER WHITE PRO SON | |
| Registration Number: | 5770661 | LUSTER PREMIUM WHITE PRO LIGHT DENTAL WH | |
| Registration Number: | 5770660 | LUSTER PREMIUM WHITE 2 MINUTE WHITE DENT | |
| Registration Number: | 5608132 | LUSTER POWER WHITE PRO | |
| Registration Number: | 5525740 | | |
| Registration Number: | 5482232 | WHITEN LIKE A PRO | |
| Registration Number: | 5194213 | CRYSTAL ESSENCE | |
| Registration Number: | 5077134 | CRYSTAL ROCK | |
| Registration Number: | 4654156 | RETHINK DEODORANT | |
| Registration Number: | 4522864 | POWERWHITE DEEP STAIN ERASER | |
| Registration Number: | 4441393 | DISTINCTLY WHITE | |
| Registration Number: | 4410119 | LUSTER NOW! | |
| Registration Number: | 4216828 | LUSTER PREMIUM WHITE | |
| Registration Number: | 3677899 | WHITENING ON DEMAND | |
| Registration Number: | 3652871 | CRYSTAL BODY DEODORANT | |
| | | TRADEMARK | |

OP \$640.00 6885059

| Property Type | Number | Word Mark |
|----------------------|----------|--|
| Registration Number: | 3184197 | LIQUIDTRAY |
| Registration Number: | 3014240 | |
| Registration Number: | 1878394 | |
| Registration Number: | 1801800 | |
| Registration Number: | 1420743 | LE CRYSTAL NATUREL |
| Serial Number: | 97788444 | THE GOLD STANDARD IN NATURAL SKIN CARE |

CORRESPONDENCE DATA

Fax Number: 2123553333

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: 2128138800

Email: sallirampersad@goodwinlaw.com

Correspondent Name: Goodwin Procter LLP

Address Line 1: 620 Eighth Avenue

Address Line 4: New York, NEW YORK 10018

| | |
|-------------------------|------------------------------------|
| ATTORNEY DOCKET NUMBER: | 151955.364828 |
| NAME OF SUBMITTER: | Shaleena Alli-Rampersad, Paralegal |
| SIGNATURE: | /Shaleena Alli-Rampersad/ |
| DATE SIGNED: | 06/22/2023 |

Total Attachments: 5

source=Colorado_Statement of Conversion and Articles of Organization [EVIDENCE 5.31.23]#page1.tif
source=Colorado_Statement of Conversion and Articles of Organization [EVIDENCE 5.31.23]#page2.tif
source=Colorado_Statement of Conversion and Articles of Organization [EVIDENCE 5.31.23]#page3.tif
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Colorado Secretary of State
 Date and Time: 05/31/2023 10:35 AM
 ID Number: 20231589265
 Document number: 20231589265
 Amount Paid: \$100.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
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ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

| | |
|--|--|
| ID number | _____ |
| | <i>(Colorado Secretary of State ID number)</i> |
| Entity name or true name | <u>French Transit, LLC</u> |
| Form of entity | <u>Foreign Limited Liability Company</u> |
| Jurisdiction | <u>California</u> |
| Street address | <u>7588 Central Parke Blvd., Ste 220</u> |
| | <i>(Street number and name)</i> |
| | <u>Mason</u> <u>OH</u> <u>45040</u> |
| | <i>(City) (State) (ZIP/Postal Code)</i> |
| | <u>United States</u> |
| | <i>(Province – if applicable) (Country)</i> |
| Mailing address (leave blank if same as street address) | _____ |
| | <i>(Street number and name or Post Office Box information)</i> |
| | _____ |
| | <i>(City) (State) (ZIP/Postal Code)</i> |
| | _____ |
| | <i>(Province – if applicable) (Country)</i> |

2. The entity name of the resulting entity is French Transit, LLC.
(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)
3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.
4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*
 This document contains additional information as provided by law.
5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*
(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
 The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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6. The true name and mailing address of the individual causing this document to be delivered for filing are

| | | | |
|--|----------------------|--------------------------|-----------------|
| <u>Pearson</u> | <u>John</u> | | |
| <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Suffix)</i> |
| <u>7588 Central Parke Blvd., Ste 220</u> | | | |
| <i>(Street number and name or Post Office Box information)</i> | | | |
| <hr/> | | | |
| <u>Mason</u> | <u>OH</u> | <u>45040</u> | |
| <i>(City)</i> | <i>(State)</i> | <i>(ZIP/Postal Code)</i> | |
| <u></u> | <u>United States</u> | | |
| <i>(Province – if applicable)</i> | <i>(Country)</i> | | |

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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 Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

French Transit, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

7588 Central Parke Blvd., Ste 220

(Street number and name)

Mason

(City)

OH

(State)

45040

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

C T Corporation System

(Caution: Do not provide both an individual and an entity name.)

Street address

7700 E. Arapahoe Road, Suite 220

(Street number and name)

Centennial

(City)

CO

(State)

80112

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) Pearson John
(Last) (First) (Middle) (Suffix)

or

(if an entity) _____
(Caution: Do not provide both an individual and an entity name.)

Mailing address 7588 Central Parke Blvd., Ste 220
(Street number and name or Post Office Box information)

Mason OH 45040
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm/dd/yyyy hour:minute am/pm)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

| | | | |
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| <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Suffix)</i> |
| <u>7588 Central Parke Blvd., Ste 220</u> | | | |
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| <hr/> | | | |
| <u>Mason</u> | <u>OH</u> | <u>45040</u> | |
| <i>(City)</i> | <i>(State)</i> | <i>(ZIP/Postal Code)</i> | |
| <u></u> | <u>United States</u> | <u>.</u> | |
| <i>(Province – if applicable)</i> | <i>(Country)</i> | | |

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