

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

Assignment ID: TMI30225

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Qual Chem, LLC		01/11/2016	Limited Liability Company: MICHIGAN
RECEIVING PARTY DATA			
Company Name:	Qual Chem, LLC		
Street Address:	86 Merz Blvd		
City:	Akron		
State/Country:	OHIO		
Postal Code:	44333		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 27			
Property Type	Number	Word Mark	
Registration Number:	4200885	Q PRO SHINE	
Registration Number:	4178100	Q FRAGRANCES	
Registration Number:	4001699	JOIN THE GREEN TEAM	
Registration Number:	4405731	Q BOOST	
Registration Number:	5046279	TF HIGH	
Registration Number:	4736552	TIRE BLING WITHOUT SLING Q NANOGLOSS	
Registration Number:	4969542	QUAL CHEM	
Registration Number:	4178087	Q CLEAN	
Registration Number:	4185246	Q SOFT	
Registration Number:	4864324	TF LOW	
Registration Number:	4400754	Q NANOPEL	
Registration Number:	4899363	Q NANO NAUBA	
Registration Number:	3927465	QUAL CHEM	
Registration Number:	4719120	Q NANODRY CREATED WITH NANOTECHNOLOGY	
Registration Number:	4066943	REAL CHEMISTRY FOR CARWASH OPERATORS BY CARWASH OPERATORS	
Registration Number:	4185247	Q COLORS	
Registration Number:	3977987	Q BOOST	
Registration Number:	3978016	Q ENHANCE	

OP \$690.00.00 85358434

Property Type	Number	Word Mark
Registration Number:	4864322	TF CLEAN
Registration Number:	4864323	TF HIGH
Registration Number:	5046277	TF CLEAN
Registration Number:	5046278	TF LOW
Registration Number:	4617188	Q NANODRY
Registration Number:	4618237	Q NANOPEL
Registration Number:	4733006	Q NANOGLOSS
Registration Number:	4178099	Q GLASS
Registration Number:	3885117	Q HYDROPEL

CORRESPONDENCE DATA

Fax Number: 2166216165

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: 2167363144

Email: rkline@rennerotto.com

Correspondent Name: Rita E. Kline

Address Line 1: Floor 19

Address Line 2: 1621 Euclid Ave.

Address Line 4: Cleveland, OHIO 44115

ATTORNEY DOCKET NUMBER:	QCHE1G
NAME OF SUBMITTER:	SHEILA PACSI
SIGNATURE:	SHEILA PACSI
DATE SIGNED:	02/20/2024

Total Attachments: 7

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/13/2016	201601203216	CONVERSION - DOMESTIC LLC (CVL)	99.00	0.00	0.00	0.00

Receipt

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

BROUSE MCDOWELL
 THERESA M. PALCIC
 388 S. MAIN ST. SUITE 500
 AKRON, OH 44311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
 3848847

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

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

Document(s)

CONVERSION - DOMESTIC LLC

Effective Date: 01/11/2016

Document No(s):

201601203216



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
 13th day of January, A.D. 2016.

Jon Husted
 Ohio Secretary of State



Form 800 Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

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

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1929
Columbus, OH 43216
Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

RECEIVED

**Certificate of Conversion for Entities Converting Into the
Records of the Ohio Secretary of State**

JAN 11 2016

Filing Fee: \$99
Form Must Be Typed

Name of Converting Entity	<input type="text" value="Qual Chem, LLC"/>	OHIO SECRETARY OF STATE
Jurisdiction of Formation	<input type="text" value="Michigan"/>	
The converting entity: (Check Only (1) One Box)		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foreign Non Profit Limited Liability Company	
<input type="checkbox"/> Foreign Limited Partnership	<input checked="" type="checkbox"/> Foreign For-Profit Limited Liability Company	
<input type="checkbox"/> Common Law Trust	<input type="checkbox"/> Foreign Limited Liability Partnership	
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Other	
The converting entity hereby states it has complied with all laws of its jurisdiction of formation. Furthermore, the law permits for the conversion.		

Name of the Converted Entity	<input type="text" value="Qual Chem, LLC"/>
Existing under the laws of	<input type="text" value="Ohio"/>
The converted business entity type is (Check One)	
<input type="checkbox"/> Business Trust	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic Corporation (For-Profit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	

Effective Date (Optional)

This conversion is effective on (If a date is specified, the date must be a date on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the conversion).

The name and address of the person or entity that will provide a copy of the declaration of conversion upon written request

Daniel L. Silfani, Esq.

Print Name

c/o Brouse McDowell, LPA, 388 S. Main Street, Suite 500

Mailing Address

Akron

City

OH

State

44311

Zip Code

If the conversion creates a new domestic corporation, limited liability company, partnership, limited partnership, or a limited liability partnership, complete and attach the formation documents prescribed by the secretary of state for the specific entity type being created.

The authorized representative(s) identified below certify that the declaration of conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required

Must be signed by an authorized representative.

Joseph Moldovan

Signature

By (if applicable)

Joseph Moldovan, Manager

Print Name

Signature

By (if applicable)

Print Name



Form 533A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

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

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 1330
Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

RECEIVED

Filing Fee: \$99
Form Must Be Typed

JAN 11 2016

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

OHIO SECRETARY OF STATE

Name of Limited Liability Company

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

Effective Date (Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for (Optional)

Period of Existence

Purpose (Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

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

Qual Chem, 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 limited liability company may be served. The name and address of the agent is

Joseph Moldovan

Name of Agent

86 Merz Boulevard

Mailing Address

Akron

City

Ohio

State

44333

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Joseph Moldovan named herein as the statutory agent

Statutory Agent Name

for Qual Chem, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

Joseph Moldovan

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

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.

Joseph Moldovan
Signature

By (if applicable)

Joseph Moldovan, Organizer
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 590 Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) 905-FILE (877-767-3453)
Central OHio: (614) 465-3210
www.OhioSecretaryofState.gov
hustedj@OhioSecretaryofState.gov
File online or for more information: www.CelebrisBusinessCentral.com

Consent for Use of Similar Name
(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

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
Consent form must be signed by an authorized representative of the consenting entity.

Signature

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

By (if applicable)

Print Name

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.

Signature

By (if applicable)

Print Name