

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM480992

<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>
AGRINOMIX LLC		12/19/2017	Limited Liability Company: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	AGRINOMIX LLC		
<b>Street Address:</b>	300 CREEKSIDE DRIVE		
<b>City:</b>	OBERLIN		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44074		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3487347	AGRINOMIX	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2165151650		
<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>	2165151637		
<b>Email:</b>	hlarsen@frantzward.com		
<b>Correspondent Name:</b>	HANS L. LARSEN		
<b>Address Line 1:</b>	200 Public Square, Suite 3000		
<b>Address Line 4:</b>	Cleveland, OHIO 44114		
<b>NAME OF SUBMITTER:</b>	Hans L. Larsen		
<b>SIGNATURE:</b>	/Hans L. Larsen/		
<b>DATE SIGNED:</b>	07/09/2018		
<b>Total Attachments: 7</b>			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/22/2017	201735503418	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

**Receipt**

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

FRANTZ WARD LLP  
 AMY WILKINS, PARALEGAL  
 200 PUBLIC SQUARE, STE. 3000  
 CLEVELAND, OH 44114

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
 1710783

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

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

Document(s)	Document No(s):
<b>Conversion Within SOS Records</b>	<b>201735503418</b>

Effective Date: 12/19/2017

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  
 22nd day of December, A.D. 2017.

*Jon Husted*  
**Ohio Secretary of State**

FRANTZWARD

Fax:216+515+1650

Dec 19 2017 02:56pm

P003/008

Form 700 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SCS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43216

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

2017 DEC 19 AM 2:32

(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)

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

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

Foreign Nonprofit Corporation

Foreign For-Profit Corporation

Domestic Nonprofit Limited Liability Company

Foreign Nonprofit Limited Liability Company

Domestic For-Profit Limited Liability Company

Foreign For-Profit 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

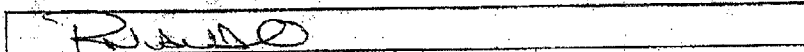
(1) the conversion creates a new domestic entity,

(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.

  
Signature

By (if applicable)

Robert Lando  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

FRANTZWARD

Fax: 216+515+1650

Dec 19 2017 02:58pm

P006/008

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  
Dusser@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 1390  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

## Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99  
Form Must Be Typed

2017 DEC 19 PM 2:10

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)

Name of Limited Liability Company **AgriNomix LLC**

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

Optional: Effective Date (MM/DD/YYYY)

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

Optional: This limited liability company shall exist for

Period of Existence

Optional: Purpose

**\*\* 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 Statutory Agent

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

AgriNomix 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:

Diane Dye

(Name of Statutory Agent)

300 Creekside Drive

(Mailing Address)

Oberlin

(Mailing City)

OH

(Mailing State)

44074

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned,

Diane Dye

(Name of Statutory Agent)

, named herein as the

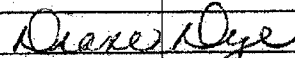
Statutory agent for

AgriNomix LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature



(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)



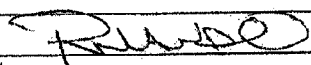
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

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

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



Signature

By (if applicable)

Robert Lando

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name