

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM540780

<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>
Automated Packaging Systems, Inc.		07/30/2019	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Automated Packaging Systems, LLC		
<b>Street Address:</b>	2415 Cascade Pointe Boulevard		
<b>City:</b>	Charlotte		
<b>State/Country:</b>	NORTH CAROLINA		
<b>Postal Code:</b>	28208		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 14</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1475645	A	
Registration Number:	1002611	ACCU-COUNT	
Registration Number:	1058984	ACCU-SCALE	
Registration Number:	3580134	AIRPOUCH	
Registration Number:	3928249	A AIRPOUCH A PRODUCT OF AUTOMATED PACKAG	
Registration Number:	0767524	AUTOBAG	
Registration Number:	4364008	EARTHWARE	
Registration Number:	4375174	A EARTHWARE A PRODUCT OF AUTOMATED PACK	
Registration Number:	2154913	EXCEL	
Registration Number:	2154915	KIT-VEYOR	
Registration Number:	3682533	SIDEPOUCH	
Registration Number:	2154914	H-100	
Registration Number:	2033835	GO BAGS	
Registration Number:	1190641	AUTO-SLEEVE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	8154258746		
<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>			

CH \$365.00 1475645

**Phone:** 704-617-9373  
**Email:** jhunter@huntertmlaw.com  
**Correspondent Name:** Jayne Conway Hunter  
**Address Line 1:** 7845 Colony Road  
**Address Line 2:** Suite C4,#312  
**Address Line 4:** Charlotte, NORTH CAROLINA 28226

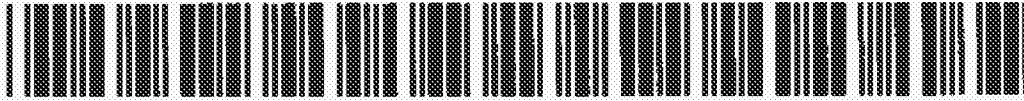
**NAME OF SUBMITTER:** Jayne C. Hunter

**SIGNATURE:** /Jayne C. Hunter/

**DATE SIGNED:** 09/13/2019

**Total Attachments: 11**

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/30/2019	201921101636	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

**Receipt**

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

CALFEE HALTER & GRISWOLD LLP  
 GREGORY J. DZIAK  
 1405 E. SIXTH ST  
 CLEVELAND, OH 44114

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
 317880**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**AUTOMATED PACKAGING SYSTEMS, LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: 07/30/2019

CHANGE BUSINESS TYPE DOM PROFIT LIM LIAB. CO.

Document No(s):

**201921101636**



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  
 30th day of July, A.D. 2019.

*Frank LaRose*  
 Ohio Secretary of State

Form 700 Prescribed by:

**OFFICE OF THE**  
Ohio Secretary of State



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

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43218

Expedite Filing (Two business day processing time  
Require an additional \$105.05)

P.O. Box 1398  
Columbus, OH 43218

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	Automated Packaging Systems, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	317680

The converting entity is a:  
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

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.

RECEIVED  
JUL 26 2017  
OHIO SECRETARY OF STATE

Name of the converted entity

Automated Packaging Systems, LLC

Jurisdiction of Formation

Ohio

The converted entity is a:  
(Check Only (1) One Box)

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic For-Profit Corporation                          | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Domestic Professional Association                        | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Foreign Nonprofit Corporation                            | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign For-Profit Corporation                           | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company             | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company              |   |
| <input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company |   |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company             |   |

Effective Date (MM/DD/YYYY)  
(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.

David E. Goessler

Name

10175 Philipp Parkway

Mailing Address

Streetsboro

City

Ohio

State

44241

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

OH

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.

*David E. Goesslar*  
Signature

By (if applicable)

David E. Goesslar, Treasurer  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

### AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Automated Packaging Systems, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p><b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p><b>Date Notified (MM/DD/YYYY)</b> 07/28/2019</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p><b>Agency</b> Ohio Job &amp; Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-498-2318</p> <p><b>Date Notified (MM/DD/YYYY)</b> 07/28/2019</p> <p><b>Overnight Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p> <p><b>Regular Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p>
<p><b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 162382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p><b>Date Notified (MM/DD/YYYY)</b> [ ]</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation

Signature David E. Goessler Title Treasurer

David E. Goessler  
Name

10175 Philipp Parkway  
Mailing Address

Streetsboro Ohio 44241  
City State ZIP Code

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 07/28/19



LISA R. CROSS  
NOTARY PUBLIC  
STATE OF OHIO  
Recorded in  
Portage County  
My Comm. Exp. 1/23/2023

Lisa R. Cross  
Notary Public

Date Commission Expires (MM/DD/YYYY) 01/23/23

**AFFIDAVIT OF PERSONAL PROPERTY**

State of

County of

Name of Officer

Title of Officer

of   
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

See attachment for additional counties

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

See:



LISA R. CROSS  
NOTARY PUBLIC  
STATE OF OHIO  
Recorded in  
Portage County  
My Comm. Exp. 1/23/2023

Notary Public

Date Commission Expires (MM/DD/YYYY)



Attachment to Affidavit of Personal Property

Additional Counties

Butler  
Champaign  
Clermont  
Clinton  
Columbiana  
Darke  
Defiance  
Delaware  
Erie  
Fayette  
Franklin  
Hamilton  
Hancock  
Lake  
Licking  
Logan  
Lorain  
Lucas  
Madison  
Mahoning  
Medina  
Montgomery  
Muskingum  
Preble  
Ross  
Sandusky  
Stark  
Summit  
Van Wert  
Warren  
Wayne  
Wood

**Ohio****Department of  
Taxation**

July 22, 2019

Dave Goessler  
Automated Packaging Systems Inc  
10175 Philipp Parkway  
Streetsboro OH 44241  
USA

Re: Certificate of Tax Clearance  
Entity Name: Automated Packaging Systems Inc  
Charter # 317880  
Certificate Issue Date: July 22, 2019

Dear Taxpayer:

This certificate, when timely presented to the Ohio Secretary of State, will provide the necessary guarantee that all taxes administered by the tax commissioner that are required to be filed and paid to the Ohio Department of Taxation (Department) have been satisfied or adequately guaranteed up to the issue date indicated on the certificate. This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and tax liabilities that become due after the certificate issue date or as a result of an examination, audit, or appeal for any period ending prior to the date of dissolution with the Ohio Secretary of State.

Additionally, to the extent the entity listed below is a member of a commercial activity tax combined or consolidated elected group for any portion of a tax period for which the CAT return and payment are not yet due, the entity remains responsible for supplying its taxable gross receipts to the primary filer prior to the due date of the CAT return and such taxable gross receipts must be included by the primary filer when filing their CAT return for this period. This certificate of tax clearance does not release any member or the primary filer of a combined or consolidated elected taxpayer group from joint and several liability or any surviving or converted entities from successor liability.

The Certificate of Tax Clearance is valid for 30 days from the date of issuance as indicated on the enclosed certificate and must be filed along with all forms prescribed by the Ohio Secretary of State.



Jeffrey A. McClain  
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit  
P.O. Box 182382  
Columbus, OH 43218-2382  
Phone: 888-405-4039  
Facsimile: 206-984-0378

TRADEMARK  
REEL: 006744 FRAME: 0769



Toll Free: (877) SOS-FILE (877-787-3453)  
Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov  
Busserv@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 870  
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**

**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

(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

Automated Packaging Systems, 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:

Registered Agent Solutions, Inc.

(Name of Statutory Agent)

4566 Mayfield Road, Suite 204

(Mailing Address)

Cleveland

(Mailing City)

OH

(Mailing State)

44121

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned,

Registered Agent Solutions, Inc.

(Name of Statutory Agent)

, named herein as the

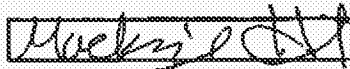
Statutory agent for

Automated Packaging Systems, LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature



Mackenzie Hart, Asst. Secretary

(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.

*David E. Goessler*  
Signature

By (if applicable)

David E. Goessler, Authorized Representative  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name