

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM550002

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
U.S. Nutraceuticals, L.L.C.		10/01/2018	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	U.S. Nutraceuticals, Inc.		
Street Address:	2751 Nutra Lane		
City:	Eustis		
State/Country:	FLORIDA		
Postal Code:	32726		
Entity Type:	Corporation: FLORIDA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	4057753	DEEP OCEAN KRILL	
Registration Number:	4112445	EYE PRO MD	
CORRESPONDENCE DATA			
Fax Number:	4078412343		
<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>			
Phone:	4078412330		
Email:	dsigalow@allendyer.com		
Correspondent Name:	David L. Sigalow		
Address Line 1:	255 S. Orange Avenue		
Address Line 2:	Suite 1401		
Address Line 4:	Orlando, FLORIDA 32801		
NAME OF SUBMITTER:	David L. Sigalow		
SIGNATURE:	/David L. Sigalow/		
DATE SIGNED:	11/19/2019		
Total Attachments: 6			
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OP \$65.00 4057753

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P18000078922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

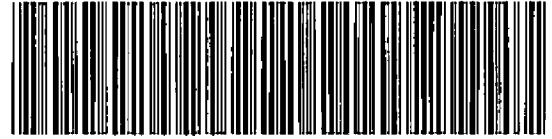
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
SEP 20 2018



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PAID
18 SEP 19 PM 12:52
TALPES

18 SEP 19 PM 4:17
OFFICE OF THE CLERK
STATE OF GEORGIA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 382127 7509224
AUTHORIZATION : *[Signature]*
COST LIMIT : \$105.00

ORDER DATE : September 11, 2018
ORDER TIME : 3:12 PM
ORDER NO. : 382127-005
CUSTOMER NO: 7509224

DOMESTIC AMENDMENT FILING

NAME: U.S. NUTRACEUTICALS, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION
WITH ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: _____

7-11-18
18 SEP 19 PM 12:51
SPT
ALL

218-1232

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

U.S. NUTRACEUTICALS, L.L.C.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on JULY 27, 1998
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

U.S. NUTRACEUTICALS, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: OCTOBER 1, 2018
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

18 SEP 19 PM 12:54
FAL...
S...
...

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____
Printed Name: Umasudhan Coimbatore Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: Umasudhan Coimbatore Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SUBMITTED
FALL 2019

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: U.S. Nutraceuticals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
2751 Nutra Lane
Eustis, Florida 32726

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anup Chib
Address: 2751 Nutra Lane, Eustis, FL 32726

Name and Title: C.P. Umasudhan
Address: 2751 Nutra Lane, Eustis, FL 32726

Name and Title: V. Ravichandran
Address: 2751 Nutra Lane, Eustis, FL 32726

Name and Title: _____
Address: _____

Name and Title: Muthiah Murugappan
Address: 2751 Nutra Lane, Eustis, FL 32726

Name and Title: _____
Address: _____

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F11

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Algappan Annamalai
Address: 2751 Nutra Lane, Eustis, FL 32726

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Algappan Annamalai
Address: 2751 Nutra Lane, Eustis, FL 32726

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

M. K. Shagalker
Required Signature/Registered Agent

10/1/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

M. K. Shagalker
Required Signature/Incorporator

10/1/18
Date

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