

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM604344

<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>
Forta Corporation		09/16/2020	Corporation: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Forta, LLC		
<b>Street Address:</b>	100 Forta Drive		
<b>City:</b>	Grove City		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	16127		
<b>Entity Type:</b>	Limited Liability Company: PENNSYLVANIA		
<b>PROPERTY NUMBERS Total: 36</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5944925	STRONGER LASTING	
<b>Registration Number:</b>	4276886	FERRO-GREEN	
<b>Registration Number:</b>	5807865		
<b>Registration Number:</b>	4974279	FORTA HTS	
<b>Registration Number:</b>	4814018	FORTA SUPER-SWEEP FINE	
<b>Registration Number:</b>	5851895	FORTA SURFACE-FLEX	
<b>Registration Number:</b>	3887313	FORTA ULTRA-LITE	
<b>Registration Number:</b>	4796425	FORTAFIED	
<b>Registration Number:</b>	6030477	PAVE-AID	
<b>Registration Number:</b>	6033900	STRONGER LASTING	
<b>Registration Number:</b>	5919098	SURFACE-EXT	
<b>Registration Number:</b>	3253722	AR	
<b>Registration Number:</b>	2598533	CAST-MASTER	
<b>Registration Number:</b>	1399085		
<b>Registration Number:</b>	2199732	ECONO-CAST	
<b>Registration Number:</b>	2202766	ECONO-MONO	
<b>Registration Number:</b>	2198011	ECONO-NET	
<b>Registration Number:</b>	1557993	FORTA	
<b>Registration Number:</b>	2257138	FORTA SUPER-SWEEP	

OP \$915.00 5944925

Property Type	Number	Word Mark
Registration Number:	2690232	FORTA-FERRO
Registration Number:	3788314	FORTA-FI
Registration Number:	3788315	GET FORTAFIED!
Registration Number:	3619221	GREEN-NET
Registration Number:	2208588	MIGHTY-MONO
Registration Number:	2198010	NYLO-MONO
Registration Number:	0701579	PHENO SEAL
Registration Number:	2297076	STUCCO-BOND
Registration Number:	2297077	SUPER-NET
Registration Number:	2280405	ULTRA-NET
Serial Number:	88621370	CURE-PRO
Serial Number:	88628699	EXTEND-PRO
Serial Number:	88802549	SPLIT-MAX
Serial Number:	87849677	TRUSTED PEOPLE. PROVEN PERFORMANCE.
Registration Number:	5330542	ARISFOR
Registration Number:	5317999	ARISFOR TOUGHDECK
Registration Number:	5317980	ARISFOR WALLGUARD

#### CORRESPONDENCE DATA

Fax Number: 4125666099

*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: 4125666000

Email: ipmail@eckertseamans.com

Correspondent Name: Eckert Seamans Cherin & Mellott, LLC

Address Line 1: 600 Grant Street

Address Line 2: 44th Floor

Address Line 4: Pittsburgh, PENNSYLVANIA 15219

ATTORNEY DOCKET NUMBER:	289788-00187
NAME OF SUBMITTER:	David V. Radack
SIGNATURE:	/David V. Radack/
DATE SIGNED:	10/22/2020

#### Total Attachments: 6

source=289788-00187 - FORTA LLC-PA-CERT COPY OF CERTIFICATE OF OR (J2703648x7AD79)#page1.tif

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/17/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

FORTA, LLC

I, Kathy Boockvar, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Sep 17, 2020 - Pages (5)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Kathy Boockvar*

Secretary of the Commonwealth

Certification Number: TSC200917110917-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

TRADEMARK  
REEL: 007083 FRAME: 0791

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:  
**CT - COUNTER**

Name 13217989 SU 1

Address nicole.grimme@woblersider.com

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Return document by email to \_\_\_\_\_

Statement of Conversion  
DSCB:15-355  
(7/1/2015)

TCO200917MC0617

Read all instructions prior to

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Forta Corporation

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation           | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

10/19/1978  
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law approved May 5, 1933  
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT OF STATE

SEP 17 2020

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p><b>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</b></p> <p>(a) <u>147 S. Broad Street</u> <u>Grove City</u> <u>PA</u> <u>16127</u> <u>Mercer</u>  <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____  <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p><b>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____  <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p><b>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</b></p> <p>_____  <small>Number and street City State Zip</small></p>

**B. For the converted association:**

- The name of the converted association is: Forta, LLC
- The jurisdiction of formation of the converted association is: Pennsylvania
- The type of association is (check only one):
 

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p><b>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</b></p> <p>(a) <u>100 Forta Drive</u> <u>Grove City</u> <u>PA</u> <u>16127</u> <u>Mercer</u>  <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____  <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p><b>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____  <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p><b>If the converted association is a nonregistered foreign association, complete both (1) and (2).</b></p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____  <small>Number and street City State Zip</small></p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____  <small>Name of Registered Agent</small></p> <p>_____  <small>Number and street City State Zip</small></p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

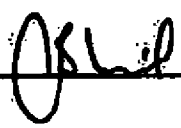
D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law
- of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 16th day of September, 2020.

Forta Corporation  
Name of Converting Association

  
Signature

John B. Lindh, President  
Title

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input checked="" type="checkbox"/> Return document by mail to: <b>Danielle Scalise</b> <hr/> Name <b>600 Grant Street, Floor 44</b> <hr/> Address <b>Pittsburgh</b> <b>PA</b> <b>15219</b> City    State    Zip Code	<b>Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)</b>
<input checked="" type="checkbox"/> Return document by email to: <u>dscalise@eckertseamans.com</u>	<small>8821</small>

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125             I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Forta, LLC  
*(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)*

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:  
*(post office box alone is not acceptable)*

100 Forta Drive	Grove City	PA	18127	Mercer
Number and Street	City	State	Zip	County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider    County

3. The name of each organizer is *(all organizers must sign on page 2)*:

Brylin Holdings Corp.  
\_\_\_\_\_  
\_\_\_\_\_

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.  
 The Certificate of Organization shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY)                      Hour (if any)

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

This limited liability company shall have the purpose of creating general public benefit.

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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**7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).**

**IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this**

16th day of September, 2020.

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature