

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM694385

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Carton Service, Incorporated		10/13/2021	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Pharma Packaging Solutions, LLC		
Street Address:	341 JD Yarnell Industrial Parkway		
City:	Clinton		
State/Country:	TENNESSEE		
Postal Code:	37716		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	5116989	PHARMA PACKAGING SOLUTIONS	
Registration Number:	3712499	CRX	
Registration Number:	4074543	PHARMA PACKAGING SOLUTIONS	
CORRESPONDENCE DATA			
Fax Number:	6175353800		
<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:	617-535-4000		
Email:	ipdocketmwe@mwe.com, jgordon@mwe.com, kdelcoure@mwe.com, IPDocketBoston@mwe.com		
Correspondent Name:	Edward A. Gordon		
Address Line 1:	McDermott Will & Emery LLP		
Address Line 2:	200 Clarendon Street, Floor 58		
Address Line 4:	Boston, MASSACHUSETTS 02116-5021		
ATTORNEY DOCKET NUMBER:	102979-0036		
NAME OF SUBMITTER:	Edward A. Gordon		
SIGNATURE:	/Edward A. Gordon/		
DATE SIGNED:	12/13/2021		
Total Attachments: 7			
source=Pharma Packaging Solutions, LLC Conversion documents (OH Corp to DE LLC)#page1.tif			

CH \$90.00 5116989

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/14/2021	202128603814	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

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

WOLTERS KLUWER
4400 EASTON CMNS WAY STE 125
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
298918**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
PHARMA PACKAGING SOLUTIONS, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: **10/13/2021**

Document No(s):

202128603814

CHANGE BUSINESS TYPE FOR. 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
14th day of October, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

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

Jurisdiction of Formation

Charter/Registration Number

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.

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
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

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.

Reid Lederer

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 533B Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

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.

Registration of a Foreign
Limited Liability Company
Filing Fee: \$99
Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Registration of a Foreign For-Profit Limited Liability Company (106-LFA) ORC 1705
Jurisdiction of Formation: Delaware
Date of Formation: 10/13/2021

(2) Registration of a Foreign Nonprofit Limited Liability Company (106-LFA) ORC 1705
Jurisdiction of Formation:
Date of Formation:

Name of Limited Liability Company in its jurisdiction of formation: Pharma Packaging Solutions, LLC
Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:
Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"
The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:
Melanie Vero
Name
2 Franklin Avenue
Mailing Address
Shelby
City
OH
State
44875
ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

CT Corporation System

Name of Agent

4400 Easton Commons Way, Suite 125

Mailing Address

Columbus

City

Ohio

State

43219

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

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.

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.



Signature



By (if applicable)

Reid Lederer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMA PACKAGING SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6305423 8300

SR# 20213510294

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204409286

Date: 10-14-21

RECORDED: 12/13/2021

TRADEMARK
REEL: 007527 FRAME: 0525