

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM741495

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Air Force One, Inc.		05/02/2022	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Air Force One, LLC		
Street Address:	5800 Shier-Rings Road		
City:	Dublin		
State/Country:	OHIO		
Postal Code:	43016		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	1464380	AIR FORCE ONE	
Registration Number:	3138107	A AIR FORCE ONE	
Registration Number:	6034683	ALE FORCE ONE	
Registration Number:	4533103	OPTIMAL BUILDING PERFORMANCE	
CORRESPONDENCE DATA			
Fax Number:	7202000679		
<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:	7206137071		
Email:	cbarela@atllp.com		
Correspondent Name:	Cody Barela		
Address Line 1:	4643 Ulster Street, Suite 800		
Address Line 4:	Denver, COLORADO 80237		
ATTORNEY DOCKET NUMBER:	43742.1		
NAME OF SUBMITTER:	Cody Barela		
SIGNATURE:	/Cody Barela/		
DATE SIGNED:	07/15/2022		
Total Attachments: 10			
source=Air Force One Conversion#page1.tif			

OP \$115.00 1464380

source=Air Force One Conversion#page2.tif
source=Air Force One Conversion#page3.tif
source=Air Force One Conversion#page4.tif
source=Air Force One Conversion#page5.tif
source=Air Force One Conversion#page6.tif
source=Air Force One Conversion#page7.tif
source=Air Force One Conversion#page8.tif
source=Air Force One Conversion#page9.tif
source=Air Force One Conversion#page10.tif

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

Mall 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.

2022 MAY 12 PM 1:55

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)

[x] (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: Air Force One, Inc.
Jurisdiction of Formation: Ohio
Charter/Registration Number: 639989
The converting entity is a: (Check Only (1) One Box)
[] Domestic Nonprofit Corporation
[x] Domestic For-Profit Corporation
[] Foreign Nonprofit Corporation
[] Foreign For-Profit Corporation
[] Domestic Limited Liability Company
[] Foreign 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)

<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 checked="" type="checkbox"/> Domestic Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Limited Liability Company	

Effective Date (MM/DD/YYYY) (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)
(Optional)

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

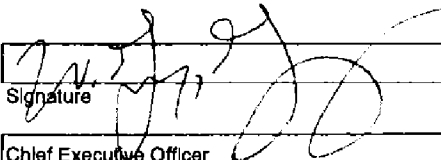
City State ZIP Code

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

Chief Executive Officer
By (if applicable)

W. Gregory Guy
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.

Air Force One, 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>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p style="text-align: right;">Date Notified (MM/DD/YYYY) 04/29/2022</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p style="text-align: right;">Date Notified (MM/DD/YYYY) <input style="width: 80px; height: 20px;" type="text"/></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>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 Title

Name

Mailing Address

City State ZIP Code

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

LISA MEARS
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
05-25-2024

Notary Public

Date Commission Expires (MM/DD/YYYY)

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

Signature

Title

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

Seal



LISA MEARS
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
05-25-2024

Notary Public

Date Commission Expires (MM/DD/YYYY)

Form 610 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.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed
115-LCA

022 MAY -2 PM 1:56

Name of Limited Liability Company Air Force One, 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)

Effective Time

Pursuant to Ohio Revised Code Section 1706.16(D), a limited liability company is formed when the articles of organization are filed by the secretary of state or at any later date or time specified in the articles of organization. Pursuant to Ohio Revised Code Section 1706.172(D), articles of organization delivered to the Ohio Secretary of State for filing may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. Articles of organization are effective as provided in Ohio Revised Code Section 1706.172(D).

Optional: Purpose

Empty box for Purpose

Original Appointment of Statutory Agent

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

Air Force One, 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 limited liability company may be served. The complete address of the agent is:

CT Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

Ohio

(Mailing State)

43219

(Mailing ZIP Code)

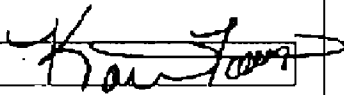
Acceptance of Appointment

The Undersigned, CT Corporation System, named herein as the
(Name of Statutory Agent)

Statutory agent for Air Force One, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature **B: KAITY TOON, ASSISTANT SECY.**
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)



If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

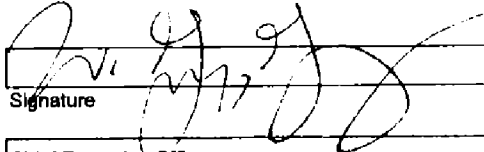
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles of Organization shall be signed by at least one person.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."


Signature

Chief Executive Officer

By (If applicable)

W. Gregory Guy

Print Name

Signature

Signature

By (If applicable)

By (If applicable)

Print Name

Print Name

Signature

Signature

By (If applicable)

By (If applicable)

Print Name

Print Name