

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM745989

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MINDS ON INC.		06/15/2022	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	MINDS ON, LLC		
Street Address:	8864 Whitney Drive		
City:	Lewis Center		
State/Country:	OHIO		
Postal Code:	43035		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	5864039	SUPERCHARGE YOUR SALES	
Registration Number:	3844823	MINDS ON	
CORRESPONDENCE DATA			
Fax Number:			
<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:	2026637271		
Email:	thomas.brooke@hklaw.com		
Correspondent Name:	Thomas W. Brooke		
Address Line 1:	800 17th Street NW		
Address Line 4:	Washington DC, D.C. 20006		
NAME OF SUBMITTER:	Rodrigo Velasco		
SIGNATURE:	/rodrigovelasco/		
DATE SIGNED:	08/04/2022		
Total Attachments: 18			
source=OH Certified Charter - MINDS ON INC._175003136_1#page1.tif			
source=OH Certified Charter - MINDS ON INC._175003136_1#page2.tif			
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OP \$65.00 5864039

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/14/2002	200216500286	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

M JEBB LINCH
483 DEMPSEY ROAD
WESTERVILLE, OH 43081-8978

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1324113

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
MINDS ON INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200216500286



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 13th day of June, A.D.
2002.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the Forms Inventory List (using the 3 digit form # located at the bottom of this form). To obtain the Forms Inventory List or for assistance, please call Customer Service:

Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form Yes

ARTICLES OF INCORPORATION

(Under Chapter 1701 of the Ohio Revised Code)
Profit Corporation

RECEIVED
SECRETARY OF STATE
2002 JUN 13 AM 10:44
CLIENT SERVICE CENTER

The undersigned, desiring to form a corporation, for profit, under Sections 1701.01 et seq. of the Ohio Revised Code, do hereby state the following:

FIRST. The name of said corporation shall be: MINDS ON INC.

SECOND. The place in Ohio where its principal office is to be located is
WORTHINGTON, FRANKLIN County, Ohio
(city, village or township)

THIRD. The purpose(s) for which this corporation is formed is:
TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS
MAY BE FORMED UNDER SECTIONS 1701.01 THROUGH 1701.98 OF THE
OHIO REVISED CODE.

FOURTH. The number of shares which the corporation is authorized to have outstanding is: 750 COMMON
(Please state whether shares are common or preferred, and their par value, if any. Shares will be recorded as common with no par value unless otherwise indicated.)

IN WITNESS WHEREOF, we have hereunto subscribed our names, on June 12, 2002.
(date)

By: Randy S. James, Incorporator
Name: Randy S. James

By: _____, Incorporator
Name: _____

By: _____, Incorporator
Name: _____

TRADEMARK

REEL: 007812 FRAME: 0456



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Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

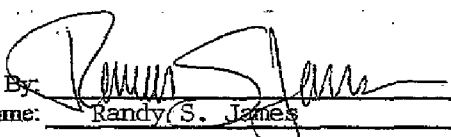
ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of MINDS ON INC.

hereby appoint RANDY S. JAMES, 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:
320 East South Street

Worthington (street name and number), Ohio 43085
(city, village or township) (zip code)

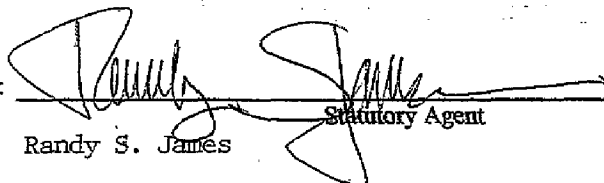
By: 
Name: Randy S. James

By: _____
Name: _____

By: _____
Name: _____

ACCEPTANCE OF APPOINTMENT

The undersigned, RANDY S. JAMES, named herein as the statutory agent for ,
MINDS ON INC., hereby acknowledges and accepts the
appointment of statutory agent for said corporation.

By: 
Randy S. James Statutory Agent



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/15/2022	202216602348	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

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

ANTHONY LAW, LLC
978 S. FRONT ST.
COLUMBUS, OH 43206

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
1324113**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
MINDS ON, LLC

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

Document(s)

Conversion Within SOS Records

CHANGE BUSINESS TYPE OH LLC

Document No(s):

202216602348

Effective Date: **06/15/2022**



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
15th day of June, A.D. 2022.

Ohio Secretary of State

Form 700 Prescribed by:



Telephone: 877.767.3453

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

Thomas Augustine

Signature

By (if applicable)

Thomas Augustine

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

Anthony Law, LLC

To the Attention of *(if necessary)*:

Scott Brown

Address:

978 S. Front St.

City:

Columbus

State

Ohio

ZIP Code:

43206

Phone Number:

614-340-0011 ext 2

E-mail Address:

scottbrown@anthonylawllc.com

- Check here if you would like to receive important notices via email from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via email when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK ONE BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

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

Mail 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.

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	Minds On Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	1324113

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

<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

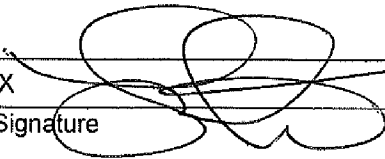
City State ZIP Code

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.

X
Signature 

By (if applicable)

Thomas R. Augustine
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

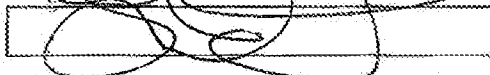
In lieu of dissolution releases from various governmental authorities.

Minds On 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) 06/09/2022</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 style="text-align: right;">Date Notified (MM/DD/YYYY) 06/09/2022</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) Certificate Attached</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 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.

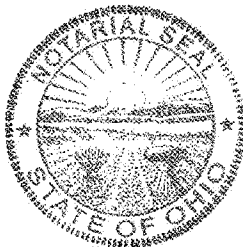
Signature  Title President

Name Thomas R. Augustine

Mailing Address 8864 Whitney Drive

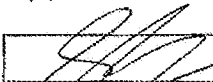
City Lewis Center State OH ZIP Code 43035

Seal



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

06/14/2022


Notary Public

Date Commission Expires (MM/DD/YYYY) N/A



PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



ANTHONY BROWN
ANTHONY LAW LLC
978 S FRONT ST.
COLUMBUS, OH 43206
USA

June 15, 2022
Contact ID: 9945920122

RE: Certificate of Tax Clearance
Entity Name: Minds On Inc.
Ohio Charter # 01324113
Certificate Issue Date: 06/15/2022

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date 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
Phone: 1-855-995-4422
Fax: 1-200-904-0370
TTY/TDD: 1-800-750-0750

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

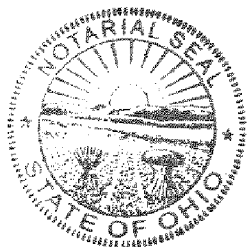
County

Signature

Title

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

Seal



Scott Brown, Attorney At Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date
Sec. 147.03 R.C.

Notary Public

Date Commission Expires (MM/DD/YYYY)



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Filing Form Cover Letter

Please return the approval certificate to:

Name (Individual or Business Name):

Anthony Law, LLC

To the Attention of (if necessary):

Scott Brown

Address:

978 S. Front St.

City:

Columbus

State:

Ohio

ZIP Code:

43206

Phone Number:

614-340-0011 Ext 2

E-mail Address:

scottbrown@anthonylawllc.com

Check here if you would like to receive important notices via email from the Ohio Secretary of State's office regarding Business Services.

Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via email when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK ONE BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

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

Name of Limited Liability Company Minds On, 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

Original Appointment of Statutory Agent

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

Minds On, 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:

Scott Brown

(Name of Statutory Agent)

978 S. Front St.

(Mailing Address)

Columbus

(Mailing City)

Ohio

(Mailing State)

43206

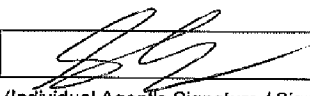
(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, Scott Brown, named herein as the
(Name of Statutory Agent)

Statutory agent for Minds On, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature 
(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.

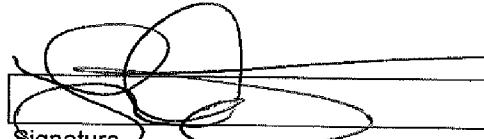
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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 Name Box."


Signature

By (if applicable)

Thomas R. Augustine
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name