

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM843663

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Returns 'R' Us, Inc.		08/22/2023	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	Returns 'R' Us, LLC		
Doing Business As:	DBA Pharma Logistics LLC		
Street Address:	1801 N. Butterfield Road		
City:	Libertyville		
State/Country:	ILLINOIS		
Postal Code:	60048		
Entity Type:	Limited Liability Company: ILLINOIS		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Registration Number:	6640196	PL PHARMA LOGISTICS CLEAN COMPLY COLLECT	
Registration Number:	3221682	PHARMA LOGISTICS	
Registration Number:	6130943	PHARMA LOGISTICS CLEAN COMPLY COLLEC	
Registration Number:	6119637	CLEAN COMPLY COLLECT	
Registration Number:	6292123	RAPID CREDIT PROGRAM	
Registration Number:	7081025	FAST PAY	
CORRESPONDENCE DATA			
Fax Number:	6152446804		
<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:	615-850-8742		
Email:	courtney.estell@hklaw.com		
Correspondent Name:	Julian L. Bibb IV		
Address Line 1:	511 Union Street, Suite 2700		
Address Line 4:	Nashville, TENNESSEE 37219		
NAME OF SUBMITTER:	Julian L. Bibb IV		
SIGNATURE:	/Julian L. Bibb IV/		
DATE SIGNED:	10/04/2023		

OP \$165.00 6640196

Total Attachments: 4

source=FILED - Returns 'R' Us LLC - Certificate of Formation (Illinois)#page1.tif

source=FILED - Returns 'R' Us LLC - Certificate of Formation (Illinois)#page2.tif

source=FILED - Returns 'R' Us LLC - Certificate of Formation (Illinois)#page3.tif

source=FILED - IL Assumed Name Filing - Returns 'R' Us LLC (Pharma Logistics LLC)#page1.tif



OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

13641218

AUGUST 23, 2023

C T CORPORATION SYSTEM
208 SO LASALLE ST, SUITE 814
CHICAGO, IL 60604-1101

RE RETURNS 'R' US, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF ORGANIZATION THAT CREATED YOUR LIMITED LIABILITY COMPANY. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS ANNIVERSARY MONTH NEXT YEAR. FAILURE TO TIMELY FILE MAY RESULT IN PENALTY AND DISSOLUTION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE REGISTERED OFFICE ADDRESS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

STATEMENT OF CONVERSION HAS BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY HAS BEEN CREDITED WITH THE REQUIRED FEE.

PUBLICATIONS/FORMS AND OTHER SERVICES ARE AVAILABLE ON OUR WEBSITE. VISIT WWW.ILSOS.GOV TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

ALEXI GIANNOULIAS
ILLINOIS SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
217-524-8008

TRADEMARK
REEL: 008217 FRAME: 0270

Form
February 2022

LLC-5.5

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
ilsos.gov

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act Articles of Organization

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$150

\$250

Approved:

MS

FILE #

13641218

This space for use by Secretary of State.

FILED

AUG 23 2023

ALEXI GIANNOULIAS
SECRETARY OF STATE

1. Limited Liability Company name (see Note 1): Returns 'R' Us, LLC

2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)
1801 N. Butterfield Road, Libertyville, IL 60048

3. Articles of Organization effective on: (check one)
 the filing date
 a later date (not to exceed 60 days after the filing date): _____
Month, Day, Year

4. Registered agent's name and registered office address:

Registered agent: C T Corporation System

(P.O. Box alone or c/o is unacceptable.)	First Name	Middle Initial	Last Name
Registered office: <u>208</u>	<u>S. LaSalle Street</u>		<u>Ste. 814</u>
	Number	Street	Suite #
<u>Chicago</u>		<u>IL</u>	<u>60604</u>
City		State	ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

5. Purpose(s) for which the Limited Liability Company is organized: (see Note 2)
The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act and/or exclusively for the purpose(s) stated below:

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: _____
Month/Day Year

LLC-5.5

7. **Optional:** Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use standard sized paper.) _____

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

Michael J. Zaccaro	1801 N. Butterfield Road	Libertyville, IL	60048
Name	Number & Street	City	State ZIP
Name	Number & Street	City	State ZIP
Name	Number & Street	City	State ZIP
Name	Number & Street	City	State ZIP
Name	Number & Street	City	State ZIP

(If additional space is needed, use standard sized paper.)

10. **Name and Address of Organizer(s):**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: August 22, 2023
Month/Day Year

1. Michael Zaccaro
Signature

Michael J. Zaccaro, President
Name and Title (type or print)

If organizer is signing for a company or other entity,
state name of company or entity.

2. _____
Signature

Name (type or print)

If organizer is signing for a company or other entity,
state name of company or entity.

1. _____
Number Street

City

State ZIP

2. _____
Number Street

City

State ZIP

Note 1: The Limited Liability Company name cannot contain any of the following terms or abbreviations: Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P. The name must contain the term **Limited Liability Company, LLC or L.L.C.** If a company is providing professional services licensed by the Illinois Department of Professional Regulation, the name must contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.**

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.

Form **LLC-1.20**

**Illinois
Limited Liability Company Act**
Application to Adopt an Assumed Name

FILE # 13641218

Secretary of State Alexi Giannoulias
Department of Business Services
Limited Liability Division
Room 351 Howlett Building
501 S. Second St.
Springfield, IL 62756
www.ilsos.gov

Filing Fee: 60.00

Approved: SXH

FILED

Aug 28, 2023

**Alexi Giannoulias
Secretary of State**

1. Limited Liability Company Name: RETURNS 'R' US, LLC

2. State under the laws of which the company is organized: IL

3. The Limited Liability Company intends to adopt and transact business under the assumed name of:
PHARMA LOGISTICS LLC

The right to use the assumed name shall be effective from the date this application is filed by the Secretary of State until 08/01/2025, the first day of the company's anniversary month in the next year, which is evenly divisible by five.

4. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated Aug 28, 2023
Month & Day Year

MICHAEL J. ZACCARO

Name

MANAGER

Title

If applicant is a company or other entity, state name of company.