

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM854789

<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>
Woodland Foods, Ltd.		11/24/2021	Corporation: ILLINOIS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Woodland Foods, LLC		
<b>Street Address:</b>	3751 Sunset Avenue		
<b>City:</b>	Waukegan		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60087		
<b>Entity Type:</b>	Limited Liability Company: ILLINOIS		
<b>PROPERTY NUMBERS Total: 14</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3556638	ANGELINA'S GOURMET	
<b>Registration Number:</b>	5634673	CHEF RISING	
<b>Registration Number:</b>	3747633	D'ALLESANDRO	
<b>Registration Number:</b>	3772579	EPICUREAN SPECIALTIES	
<b>Registration Number:</b>	3834341	EPICUREAN SPECIALTY	
<b>Registration Number:</b>	4689359	FARMERS & FORAGERS	
<b>Registration Number:</b>	3378015	MANITOU TRADING COMPANY	
<b>Registration Number:</b>	4673171	ROYAL ANDEAN	
<b>Registration Number:</b>	2106909	WOODLAND FOODS	
<b>Registration Number:</b>	5341050	WOODLAND INGREDIENTS	
<b>Registration Number:</b>	6847766	CURIOUS SPOON	
<b>Registration Number:</b>	6790954	CURIOUS SPOON	
<b>Registration Number:</b>	6674103	DG D'ALLESANDRO GOURMET	
<b>Serial Number:</b>	97447315	PLANET'S PANTRY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3129843150		
<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>			
<b>Phone:</b>	312-984-3100		

OP \$365.00 3556638

**Email:** trademarks@bfkn.com  
**Correspondent Name:** Scott J. Slavick  
**Address Line 1:** 200 West Madison Street, Suite 3900  
**Address Line 4:** Chicago, ILLINOIS 60606

**NAME OF SUBMITTER:** Scott J. Slavick

**SIGNATURE:** /Scott J. Slavick/

**DATE SIGNED:** 11/20/2023

**Total Attachments: 4**

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**EOA 205**

Illinois Secretary of State  
Department of Business Services  
**STATEMENT OF CONVERSION**

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-6961  
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State.

**New Entity File Number**

Filing Fee: \$100 \_\_\_\_\_ Approved: \_\_\_\_\_

\_\_\_\_\_ Submit in duplicate \_\_\_\_\_ Type or print clearly in black ink \_\_\_\_\_ Do not write above this line \_\_\_\_\_

**Converting Entity**

Current file number: 56793542

1. Converting Entity Name: Woodland Foods, Ltd.

2. Current Entity Type: (select only one)

- For Profit Corporation
- Limited Liability Company
- General Partnership
- Limited Liability Partnership
- Limited Partnership

3. Jurisdiction and Date of Incorporation/Organization: Illinois/April 8, 1992

4. The conversion is authorized by the law of the foreign entity's jurisdiction of organization.

**New Entity**

5. Converted Entity Name: Woodland Foods, LLC

6. Converted Entity Type: (select only one)

- For Profit Corporation
- Limited Liability Company
- General Partnership
- Limited Liability Partnership
- Limited Partnership

7. Jurisdiction of Incorporation/Organization: Illinois

8. The Converted Entity: (select only one)

- intends to transact business in Illinois
- will not be transacting business in Illinois (Please set forth address below.)

Address for Service of Process: 3751 Sunset Avenue  
(P.O. Box alone is not acceptable) Waukegan, Illinois 60087

9. Effective Date of Conversion: If a future date is chosen, MUST be within 90 days of filing.

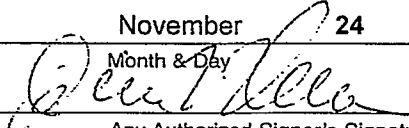
- Upon Filing
- Future Effective Date: \_\_\_\_\_

**The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.  
The formation document and fee for the Converted Entity must be attached.**

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated November 24, 2021  
Month & Day Year

Woodland Foods, Ltd.  
Exact Name of Converting Entity

  
Any Authorized Signer's Signature  
Diana R. Moore, Vice President & Secretary  
Name and Title (type or print)

Form **LLC-5.5**  
February 2020

Illinois  
Limited Liability Company Act  
**Articles of Organization**

FILE #

This space for use by Secretary of State.

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

**SUBMIT IN DUPLICATE**

Type or print clearly.

**Filing Fee: \$150**

**Approved:**

**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.**

1. Limited Liability Company name (see Note 1): Woodland Foods, 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.)  
3751 Sunset Avenue, Waukegan, Illinois 60087

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: David L. Moore  
(P.O. Box alone or c/o is unacceptable.)  
First Name Middle Initial Last Name  
Registered office: 3751 Sunset Avenue  
Number Street Suite #  
Waukegan IL 60087  
City 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:

DDTHMG Holding Co. 255 North Mayflower Road, Lake Forest, Illinois 60045

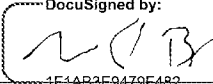
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP

(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: November 24, 2021  
Month/Day Year

DocuSigned by:  


1. \_\_\_\_\_  
Signature

William J. Bettman, Organizer  
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. 222 N. LaSalle Street, Suite 2600  
Number Street

Chicago  
City

Illinois 60601  
State ZIP

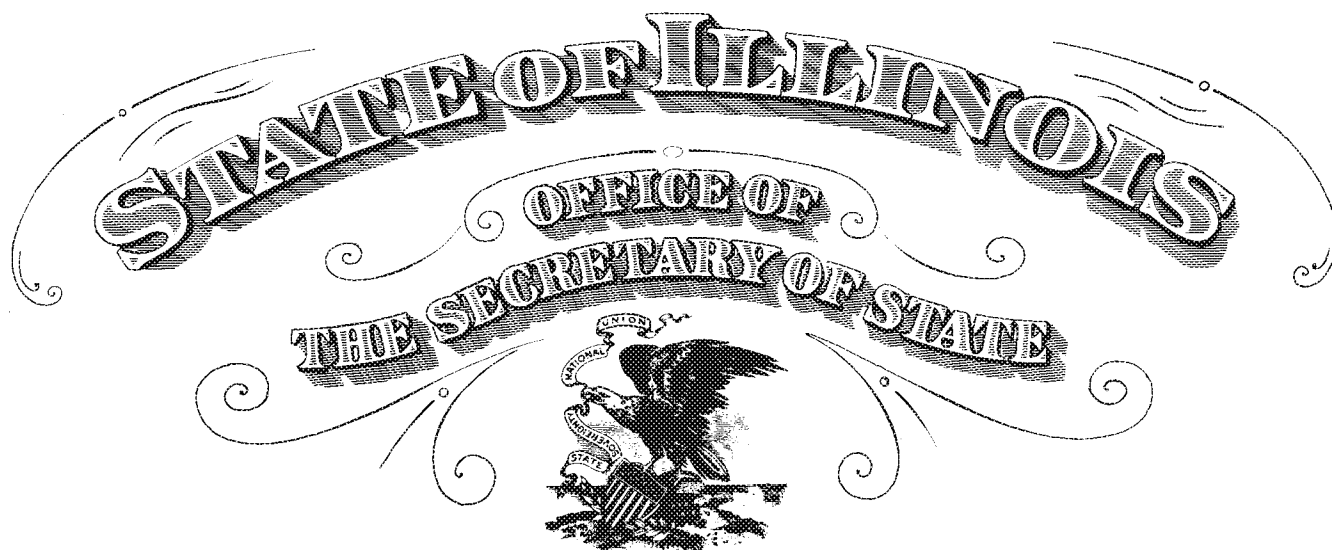
2. \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State ZIP

**Note 1:** The limited liability company name cannot contain any of the following terms or abbreviations including: Corporation, Incorporated, LTD., Co. or Limited Partnership. The name must contain the term **Limited Liability Company, LLC or L.L.C.** For the following two entity types: a company providing professional services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.** The name of a worker cooperative shall end with the term or abbreviation **Limited Worker Cooperative Association, LWCA or L.W.C.A.**

**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.



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WOODLAND FOODS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 24, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of NOVEMBER A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2133301058 verifiable until 11/29/2022

Authenticate at: <http://www.ilsos.gov>