# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM453058

| SUBMISSION TYPE:      | NEW ASSIGNMENT    |
|-----------------------|-------------------|
| NATURE OF CONVEYANCE: | ENTITY CONVERSION |

#### **CONVEYING PARTY DATA**

| Name                | Formerly                   | Execution Date | Entity Type                 |
|---------------------|----------------------------|----------------|-----------------------------|
| HEALTHY HUMAN, INC. | FORMERLY Hit Commerce Inc. | 11/16/2017     | Corporation: SOUTH CAROLINA |

### **RECEIVING PARTY DATA**

| Name:  | HEALTHY HUMAN, LLC                  |  |
|--|-------------------------------------|--|
| Street Address:  | 1007 Johnnie Dodds Blvd., Suite 119 |  |
| City:  | Mt. Pleasant                        |  |
| State/Country:   | SOUTH CAROLINA                      |  |
| Postal Code:   | 29464                               |  |
| Entity Type: Limited Liability Company: SOUTH CAROLINA |                                     |  |

### **PROPERTY NUMBERS Total: 1**

| Property Type        | Number  | Word Mark     |  |
|----------------------|---------|---------------|--|
| Registration Number: | 4969917 | HEALTHY HUMAN |  |

# CORRESPONDENCE DATA

Fax Number: 8436417786

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.

Phone: 8439062762

ip@finchpaolino.com Email: Finch Paolino, LLC **Correspondent Name:** 

Address Line 1: 171 Church Street, STE 340

Address Line 4: Charleston, SOUTH CAROLINA 29401

| ATTORNEY DOCKET NUMBER: | TMReg4969917                 |  |
|-------------------------|------------------------------|--|
| NAME OF SUBMITTER:      | Gregory Finch, SC Bar Member |  |
| SIGNATURE:              | /Gregory Finch/              |  |
| DATE SIGNED:            | 12/04/2017                   |  |

# **Total Attachments: 5**

source=HEALTHYHUMANLLC#page1.tif source=HEALTHYHUMANLLC#page2.tif source=HEALTHYHUMANLLC#page3.tif source=HEALTHYHUMANLLC#page4.tif

> **TRADEMARK** REEL: 006210 FRAME: 0256

900430713

source=HEALTHYHUMANLLC#page5.tif

TRADEMARK REEL: 006210 FRAME: 0257

Filing ID: 171116-1611001

Filing Date: 11/16/2017

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

# CONVERSION OF A CORPORATION TO A LIMITED LIABILITY COMPANY

### **ARTICLES OF ORGANIZATION**

\*\*Conversion of an entity can result in tax consequences for the entity. Please consult a tax professional such as a CPA or qualified attorney before filing for conversion.

The following corporation hereby converts to a limited liability company pursuant to the provisions of Section 33-11-111 and Section 33-11-112 of the 1976 S.C. Code of Laws, as amended, by filing these articles of organization.

| 1. | The name of the limited liability company is: |   |                  |              |  |  |
|----|---|---|------------------|--------------|--|--|
|    | HEALTHY HUMAN                                 | I, LLC                                  |                  |              |  |  |
|    |   | *************************************** |                  |              |  |  |
| 2. | The initial agent for                         | service of proc                         | ess is:          |              |  |  |
|    | NATIONAL REGIS                                | TERED AGEN                              | ΓS, INC.         |              |  |  |
|    | (Name)  |   |                  |              |  |  |
|    | and the street address 2 OFFICE PARK C        |   | ırolina for this | agent for se | rvice of process is                                    |  |
|    | (Street Address)                              |   |                  |              |  |  |
|    | COLUMBIA, South                               | Carolina 2922                           | 3                |              |  |  |
|    | (City, State, Zip Code                        | )                                       |                  |              |  |  |
| 3. | The former name of                            | this limited liab                       | oility company   | while a corp | poration was:  |  |
|    | HEALTHY HUMAN                                 |   |                  |              |  |  |
|    | PARAMAMA                                      |   |                  |              |  |  |
|    |   |   |                  |              |  |  |
| 4. | If voting by voting go<br>separately on the   |   | I, the below in  | iformation m | ust be provided for each voting group entitled to vote |  |
|    | Voting  | Number of                               |                  |              | Number of Votes Required to Approve                    |  |
|    | Group   | Group Shareholder Votes Cast            |                  |              | (required if this was less than unanimous vote "for")  |  |
|    |   | For                                     | -OR-             | Against      | Specify whether number or percentage                   |  |
|    | Common  | 80,000                                  | 0                |              | 100%   |  |
|    |   | *************************************** |                  |              | ***************************************                |  |
|    |   |   |                  |              |  |  |
|    |   |   |                  |              |  |  |
|    |   | ·····                                   |                  |              |  |  |

|   | HEALTHY HUMAN, LLC              |
|---|---------------------------------|
|   |                                 |
|   |                                 |
|   | Name of Limited Liability Compa |
|   |                                 |
| The address of the initial designated office is: 1007 Johnnie Dodds Blvd, Suite 119 |                                 |
| (Street Address)  |                                 |
| Mt. Pleasant , South Carolina 29464   |                                 |
| (City, State, Zip Code)   |                                 |
| The name and mailing address of each organizer                                      |                                 |
| a.  |                                 |
| John Monahon  |                                 |
| (Name)<br>1201 Peachtree Street, NE, Suite 500                                      |                                 |
| (Street Address)  |                                 |
| Atlanta, Georgia 30361  |                                 |
| (City, State, Zip Code)   |                                 |
| b.  |                                 |
| (Name)  |                                 |
| (Street Address)  |                                 |
| (City, State, Zip Code)   |                                 |
| c.  |                                 |
| (Name)  |                                 |
| (Street Address)  |                                 |
| (City, State, Zip Code)   |                                 |
|   |                                 |
| Check this box if the company is to be a term c                                     |                                 |

Form Revised by South Carolina Secretary of State, August 2016 F0101

|    | Name of Limited Liability Company   |
|----|---|
| 8. | Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each manager:  a.  Richard Stanton  (Name)  1007 Johnnie Dodds Blvd, Suite 119   |
|    |   |
|    | (Business Address)  |
|    | Mt. Pleasant, South Carolina 29464 (City, State, Zip Code)  |
|    | b.  |
|    | (Name)  |
|    | (Business Address)  |
|    | (City, State, Zip Code)   |
|    | c.  |
|    | (Name)  |
|    | (Business Address)  |
|    | (City, State, Zip Code)   |
| 9. | Check this box only if or more members of the company are to be held liable for its debts and obligations pursuant to §33-44-303(c) of the 1976 S.C. Code of Laws, as amended. If one or more members are so liable, specify which members and of which debts, obligations or liabilities such members are liable in their capacity as members: |
|    |   |

HEALTHY HUMAN, LLC

Form Revised by South Carolina Secretary of State, August 2016 F0101

|     | Name of Limited Liability Company   |
|-----|---|
| 10. | Set forth any optional provisions not inconsistent with law the limited liability company wishes to include in its operating agreement, including any provisions that are required or are permitted to be set forth in the operating agreement: |
|     |   |
| 11. | Unless a delayed effective date is specified, the existence of the limited liability company will be effective when   |
|     | endorsed for filing by the Secretary of State. Specify any delayed effective date and time:   |
|     | (Date)  |
| 12. | The articles of incorporation of the corporation will be cancelled as of the effective date of this filing.   |
| 13. | Name and signature of each organizer:   |
|     | a.  |
|     | John Monahon  |
|     | (Name)  |
|     | John Monahon  |
|     | (Signature)   |
|     | b.  |
|     | (Name)  |
|     | (Signature)   |
|     | c.  |
|     | (Name)  |
|     | (Signature)   |
| Dat | te:   |

HEALTHY HUMAN, LLC

| Business Name: | Healthy  | Human | LLC |  |
|----------------|----------|-------|-----|--|
|                | <u> </u> | ₹     |     |  |

# Signature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- \* An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

## **Official Signatures**

**RECORDED: 12/04/2017** 

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

| 2. 1. 1. Carlo mande in the forest about the land of the carlo de land o |                    |
|--|--------------------|
| John P. Monahon  |                    |
| Name 7 7   | Date               |
|  | Attomey            |
| Signature  | Title / Position ) |
|  |                    |
| Name   | Date               |
| Signature  | Title / Position   |
| Name   | Date               |
| Signature  | Title / Position   |
| Name   | Date               |
| Signature  | Title / Position   |
| Name   | Date               |
| Signature  | Title / Position   |

Scan and Upload this document to the Business Filing System during the filing process. File must be PDF format.