

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM522219

<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>
Wholesale Supplies Plus, Inc.		04/26/2019	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Wholesale Supplies Plus, LLC		
<b>Street Address:</b>	10035 Broadview Road		
<b>City:</b>	Broadview Heights		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44147		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 6</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2665735	CRAFTER'S CHOICE	
<b>Registration Number:</b>	2697590	CRAFTER'S CHOICE	
<b>Registration Number:</b>	4377957	HANDMADE	
<b>Registration Number:</b>	5583705	W	
<b>Registration Number:</b>	4971404	W WHOLESALE SUPPLIES PLUS	
<b>Registration Number:</b>	4971403	WHOLESALE SUPPLIES PLUS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4122091845		
<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>	412-297-4900		
<b>Email:</b>	iptrademark@cohenlaw.com		
<b>Correspondent Name:</b>	COHEN & GRIGSBY, P.C.		
<b>Address Line 1:</b>	625 LIBERTY AVENUE		
<b>Address Line 4:</b>	PITTSBURGH, PENNSYLVANIA 15222-3152		
<b>ATTORNEY DOCKET NUMBER:</b>	27208.0017		
<b>NAME OF SUBMITTER:</b>	Noland J. Cheung		
<b>SIGNATURE:</b>	/noland j. cheung/		
<b>DATE SIGNED:</b>	05/06/2019		

CH \$165.00 2665735

**Total Attachments: 10**

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/29/2019	201911900130	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

**Receipt**

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

ROETZEL & ANDRESS, LPA  
 STEVEN HOWARD ROTH, ESQ.  
 1375 E. NINTH ST., ONE CLEVELAND CENTER, 10TH FL.  
 CLEVELAND, OH 44114

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
 1098628**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**WHOLESALE SUPPLIES PLUS, LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: **04/26/2019**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**201911900130**



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  
 29th day of April, A.D. 2019.

*Frank LaRose*  
**Ohio Secretary of State**

Form 700 Prescribed by:

**OFFICE OF THE**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Bussey@OhioSecretaryofState.gov](mailto:Bussey@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

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	Wholesale Supplies Plus, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	1098628

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 Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit 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.

RECEIVED  
SECRETARY OF STATE  
2019 APR 26 PM 3:40  
CLIENT SERVICE CENTER

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  
 Foreign Nonprofit Corporation  
 Foreign For-Profit Corporation  
 Domestic Nonprofit Limited Liability Company  
 Foreign Nonprofit Limited Liability Company  
 Domestic For-Profit Limited Liability Company  
 Foreign For-Profit Limited Liability Company

Partnership  
 Domestic Limited Partnership  
 Foreign Limited Partnership  
 Domestic Limited Liability Partnership  
 Foreign Limited Liability Partnership

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

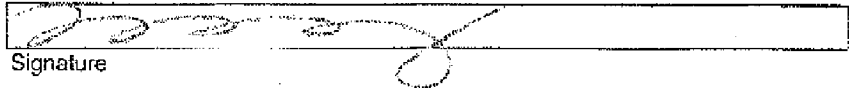
City State ZIP Code

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

By (if applicable)

Deborah L. May  
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.

Wholesale Supplies Plus, 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><b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p><b>Date Notified</b> (MM/DD/YYYY) 04/26/2019</p> <p>* Only required for domestic for-profit corporations</p>	<p><b>Agency</b> Ohio Job &amp; Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p><b>Overnight Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p> <p><b>Regular Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p>
<p><b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p><b>Date Notified</b> (MM/DD/YYYY)</p> <p>* 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.</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

Name

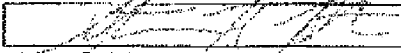
Mailing Address

City

State

ZIP Code

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

  
Notary Public

Date Commission Expires (MM/DD/YYYY)

### AFFIDAVIT OF PERSONAL PROPERTY

State of   
County of

Name of Officer

Title of Officer

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

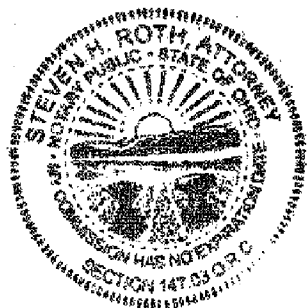
County

Signature

Title

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

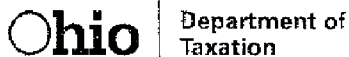
Seal



Notary Public

Date Commission Expires (MM/DD/YYYY)





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



STEVEN HOWARD ROTH  
1375 EAST NINTH STREET  
ONE CLEVELAND CENTER, 10TH FLOOR  
CLEVELAND, OH 44114  
USA

April 09, 2019  
Contact ID: 5699310111

RE: Certificate of Tax Clearance  
Entity Name: Wholesale Supplies Plus Inc.  
Ohio Charter # 01098628  
Certificate Issue Date: 04/09/2019

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: 1-206-984-0378  
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

**OFFICE OF THE**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-757-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Business@OhioSecretaryofState.gov](mailto:Business@OhioSecretaryofState.gov)  
File online or for more information: [www.OhioBusinessCentral.com](http://www.OhioBusinessCentral.com)

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**

**CHECK ONLY ONE (1) BOX**

(1)  Articles of Organization for Domestic  
 For-Profit Limited Liability Company  
(115-LCA)

(2)  Articles of Organization for Domestic  
 Nonprofit Limited Liability Company  
(115-LCA)

Name of Limited Liability Company

(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)

(The legal existence of the corporation begins upon the  
filing of the articles or on a later date specified that is not  
more than ninety days after filing.)

Optional: This limited liability company shall exist for

Period of Existence

Optional: Purpose

**\*\* Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*

### Original Appointment of Statutory Agent

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

Wholesale Supplies Plus, 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 corporation may be served. The complete address of the agent is:

Deborah L. May

(Name of Statutory Agent)

4809 Snow Blossom Lane

(Mailing Address)

Brecksville

(Mailing City)

OH

(Mailing State)

44141

(Mailing ZIP Code)

### Acceptance of Appointment

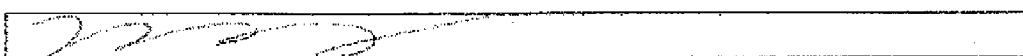
The Undersigned, Deborah L. May, named herein as the

(Name of Statutory Agent)

Statutory agent for Wholesale Supplies Plus, 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)

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 and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

[Handwritten signature]

Signature

Authorized Representative

By (if applicable)

Steven Howard Roth

Print Name

[Blank signature box]

Signature

[Blank by box]

By (if applicable)

[Blank print name box]

Print Name

[Blank signature box]

Signature

[Blank by box]

By (if applicable)

[Blank print name box]

Print Name