### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM549410

**SUBMISSION TYPE: NEW ASSIGNMENT** 

**NATURE OF CONVEYANCE: ENTITY CONVERSION** 

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
West Shore Window & Door, Inc.		10/24/2019	Corporation:

#### **RECEIVING PARTY DATA**

Name:	West Shore Home, LLC
Street Address:	5024 Simpson Ferry Road
City:	Mechanicsburg
State/Country:	PENNSYLVANIA
Postal Code:	17050
Entity Type:	Limited Liability Company: PENNSYLVANIA

#### **PROPERTY NUMBERS Total: 5**

Property Type	Number	Word Mark
Registration Number:	3946288	WEST SHORE WINDOW & DOOR
Registration Number:	4959775	WEST SHORE SHOWER & BATH
Registration Number:	4968264	WEST SHORE
Registration Number:	5746115	WEST SHORE HOME
Registration Number:	5426347	BRYTONS HOME IMPROVEMENT

#### **CORRESPONDENCE DATA**

Fax Number: 7172375300

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: 717-237-5395

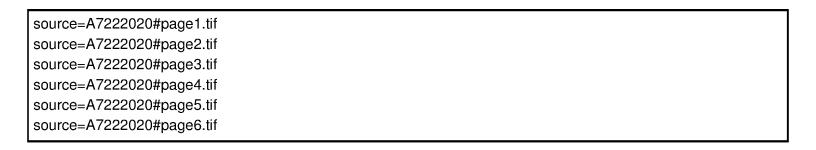
Email: hlawrence@mcneeslaw.com

**Correspondent Name:** Holly J. Lawrence Address Line 1: 100 Pine Street Address Line 2: P.O. Box 1166

Address Line 4: Harrisburg, PENNSYLVANIA 17108-1166

NAME OF SUBMITTER:	Holly J. Lawrence
SIGNATURE:	/Holly J. Lawrence/
DATE SIGNED:	11/14/2019

**Total Attachments: 6** 



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS 401 NORTH STREET, ROOM 206 P.O.BOX 8722 HARRISBURG,PA 17105-8722 WWW.CORPORATIONS.PA.GOV

Catherine Wright
McNees Wallace & Nurick \*\* COUNTER PICK UP \*\*
PA

West Shore Home, LLC

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

If you have any questions pertaining to the Bureau, please visit our website at <a href="https://www.dos.pa.gov/BusinessCharities">www.dos.pa.gov/BusinessCharities</a> Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at <a href="https://www.corporations.pa.gov/Search/CorpSearch">www.corporations.pa.gov/Search/CorpSearch</a>.

Entity number: 3664990

Entity# : 3664990 Date Filed : 10/24/2019 Pennsylvania Department of State

## PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:	Statement of Conversion
Catherine Wright McNees Wallace & Nurick LLC	DSCB:15-355
Name	I ABANTAR KARA HAKAT KAT MANA KARA HAKA BAKA KANT ANARAH KARI MARAKA KARI MARAKA MANA MANA MANA MANA MANA
Address	
City State Zip Code	TCO191024MC0434
Return document by email to: <u>cwright@mcneeslaw.com</u>	
Read all instructions	orior to completing.
Fee: \$70	
In compliance with the requirements of the applicable p conversion), the undersigned association, desiring to effect a c	
A. For the converting association:	
1. The name of the converting association is: West Shore	e Window & Door, Inc.
2. The jurisdiction of formation of the converting associat	ion is: PA
3. The type of association is (check only one):	
	ip □ Business Trust □ Professional Association □ Other □ Other □ Drofessional Association □ Other □ O
4. Date on which the association was created, incorporated	d, formed or otherwise came into existence:
07/31/2006	
(MM/DD/YYYY)	
<ol> <li>If the converting association is a domestic filing association, limited partnership, limited liability compaunder which it was first created, incorporated, formed or</li> </ol>	ny, professional association or business trust), the statute
Business Corporation Law of 1988	

2819 OCT 24 AM 8: 48 PA DEPT OF STATE

(cx. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

6. Check and complete one of the following addresses for the converting association.

	If the converting association is a registered foreign association, the Complete part (a) OR (b) – not be	ne current registered office add				
v	(a) 5024 Simpson Ferry Road	Mechanicsburg	PA	17050	Cu	ımberland
النا	Number and street	City		State	Zip	County
	(b) c/o:					
	Name of Commercial Registere	d Office Provider				County
	If the converting association is a liability partnership, the address					or limited
	Number and street	City		State	Zip	County
	any, of its registered or similar off or if it is not required to maintain.  Number and street				Zip	
	For the converted association:	West Charallene				107
	1. The name of the converted associ	iation is: West Shore Home, I	LLC			
:	2. The jurisdiction of formation of t	he converted association is:	A			
:	3. The type of association is (check	only one):				
	☐ Business Corporation ☐ Nonprofit Corporation ☑ Limited Liability Company	☐ Limited Partnership ☐ Limited Liability (Genera ☐ Limited Liability Limited		nip 🔲 Profe		t Association

#### DSCB:15-355-3

4. Check and complete one of the following addresses for the converted association.

	If the converted association is a dom registered foreign association, its reg					
Ø	(a) 5024 Simpson Ferry Road	Mechanicsburg	PA	17050	C	umberland
	Number and street	City		State	Zip	County
	(b) c/o: Name of Commercial Registered Off	ice Provid <del>er</del>				County
	If the converted association is a dom liability partnership, the address, inc					or limited
	Number and street	City		State	Zip	County
	If the converted association is a non: (1) The address, including street and r maintained by the law of its jurisdictio office, its principal office address:	number, if any, of its regis	stered or sir	nilar office, if	any, requ	
_	Number and street	City		State	Zip	
	(2) The name and address, including street and number, of its registered agent:					
	Name of Registered Agent					
,	Number and street	City		State	Zip	
C. I	Effective date of statement of conversion.  This Statement of Conversion shall be.  This Statement of Conversion shall be.	e effective upon filing in		ment of State.	following Hour (i	·
	Approval of conversion by converting a  For converting association that is a d Pa.C.S. Chapter 3, Subchapter E (rela  For converting association that is a fo of the jurisdiction of formation of the	association (check only comestic entity — The planating to conversion).  oreign association — The conversion	one): of convers	ion was appro	ved in ac	cordance with 15
E. A	Attachments (see Instructions for require	d and optional attachmen	its).			
	ESTIMONY WHEREOF, the undersigned by a duly authorized officer thereof the		has caused of Octobe	_	nt of Con	version to be, 20_19
		Wes		ndow & Door,		1
		,	<i>(</i>	Signature	44	
		VVIIII	am vv. vver	zyn, Jr., Presid	aent	

#### PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Retu	urn document by mail to:			Certificate	e of Organizati	on		
Cather	ine Wright McNees Wallace &	Domestic Limited Liability Company			ompany			
Name				DSCB:15-8	8821 (rev. 2/20	)17)		
Address				1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	() (8))# ()##J ((#)			
City	Stat	c Zip Code						
	ırn document by email to: cwright	•	1		8821			
			<u> </u>					
Re	ad all instructions prior to con	npleting. This form may	be submitted of	online at <u>https</u>	://www.corpora	tions.pa.gov/.		
Fee	: \$125	or a veteran/reservist-ow	ned small bus	iness fee exer	nption (see instr	ructions)		
unc	In compliance with the re lersigned desiring to organize				ate of organizat	ion), the		
1.	The name of the limited liabi	lity company is. West S	nore Home, LLC					
1.	(designator is required, e.g., "c	ompany," "limited" or "li	nited liability c	ompany" or an	y abbreviation th	ereof)		
2	Complete and (a) and (b)	.4 1 -41.						
2.	Complete part (a) or (b) - no							
	(a) The address of this limited liability company's registered office in this Commonwealth is: (post office box alone is not acceptable)							
	5024 Simpson Ferry Road	Mechanicsburg	PA	17050	Cumberland			
	Number and Street	City		State	Zip	County		
	(b) The name of this limited is:	l liability company's con	nmercial regis	tered office pr	rovider and cour	nty of venue		
	c/o:							
	Name of Commercial Registered O	ffice Provider			County			
3.	The name of each organizer i	s (all organizers must si	gn on page 2):	;				
	Catherine Wright							
			<u></u>					
4.	Effective date of Certificate of	of Organization (check, a	nd if appropri	iate complete,	one of the follo	wing):		
		ation shall be effective u	pon filing in t	the Departmen	at of State.			
	☐ The Certificate of Organiz	ation shall be effective of	on:		at			
				M/DD/YYYY)	Ho	ur (if any)		

DSCB:15-8821-2

**RECORDED: 11/14/2019** 

5.	Restricted professional companies only.  Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).
	☐ The company is a restricted professional company organized to render the following restricted professional service(s):
	<ul> <li>□ Chiropractic</li> <li>□ Dentistry</li> <li>□ Law</li> <li>□ Medicine and surgery</li> <li>□ Optometry</li> <li>□ Osteopathic medicine and surgery</li> <li>□ Podiatric medicine</li> <li>□ Public accounting</li> <li>□ Psychology</li> <li>□ Veterinary medicine</li> </ul>
6.	Benefit companies only.  Check the box immediately below if the limited liability company is organized as a benefit company:
	This limited liability company shall have the purpose of creating general public benefit.
	Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.
	☐ This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):
7.	For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).
IN	TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this
***************************************	24 <sup>th</sup> day of, 20_19
	Catherine Lypi
	Signature Catherine Wright
	Signature
	Signature