T14000000705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUL 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNALL
(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Grahn
(Name of Person)

Fox Rothschild LLP
(Firm/Company)

222 South Ninth St., Suite 2000
(Address)

Minneapolis MN 55402
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Grahn at (612) 607-7325
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: $50 per class

AFFIDAVIT/STATEMENT CONCERNING AUTHORITY TO TRANSACT BUSINESS IN FLORIDA BY A FOREIGN CORPORATION

Ecolab USA Inc. , which is currently incorporated, organized, or formed under the laws of Delaware, has not received a Certificate of Authority from the Florida Department of State to transact business in Florida pursuant to §§ 607.1501, 617.1501, 605.0905, 620.1902, Florida Statutes.

I, David F. Duvick, the undersigned, do hereby certify that I am aware that this entity has not received a valid certificate of authority to transact business in Florida as required by §§ 607.1501, 617.1501, 605.0905, 620.1902, Florida Statutes.

Said entity does not presently transact business in Florida within the meaning of §§ 607.1501, 617.1501, 605.0905, 620.1902, Florida Statutes, and is, therefore, NOT required to apply for a certificate of authority to transact business in Florida.

David F. Duvick
Signature of officer/director/manager/authorized member/general partner

David F. Duvick, Assistant Secretary
Typed or printed name and capacity of person signing above

Date: July 10, 2019

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19 JUN 21 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASSIGNMENT OF MARK REGISTRATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The mark to be assigned is: SYNALL

2. Registration Number: FL T14000000705

3. (a) Assignor's name: Rushing Enterprises, Inc.

(b) Assignor's Business Address: 16024 US HIGHWAY 431

Headland AL 36345
City/State/Zip

If Different, Assignor's Mailing Address: _____

_____
City/State/Zip

4. (a) Assignee's name: Ecolab USA Inc.

(b) Assignee's Business Address: 1 Ecolab Place

Saint Paul MN 55102
City/State/Zip

If Different, Assignee's Mailing Address: _____

_____
City/State/Zip

(c) Assignee's telephone number: (612) 607-7325

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Limited Liability Company

☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

_____

If other than an individual,
(1) Florida registration/ document number: _____ (2) Domicile State: Delaware

(3) Federal Employer Identification Number: 41-1941945

5. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark) is hereby

assigned by Rushing Enterprises, Inc. (the Assignor) to Ecolab USA Inc. (the Assignee).

6. Assignor's Signature: Marshall W Rushing

By Marshall W Rushing
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 11th day of June, 2019. Marshall W. Rushing
(Name of Individual Signing)

☑ who is personally known to me ☐ whose identity I proved on the basis of _____

Notary Seal: LEIGH TUCKER NOTARY PUBLIC ALABAMA, STATE AT LARGE

My Commission Expires
March 15, 2021

Leigh Tucker
Signature of Notary Public

7. Assignee's Signature: _____

By Sarah Lockner
(Typed or Printed Name of Person Signing Above)

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19 JUN 21 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sworn to and subscribed before me on this 18th day of June, 2019. Sarah Lockner
(Name of Individual Signing)

☑ who is personally known to me ☐ whose identity I proved on the basis of _____

(Notary Seal)

LISA A. DAHLINE
Notary Public, State of Minnesota
My Commission Expires
January 31, 2020

Lisa Dahline
Signature of Notary Public

FILING FEE: $50 per class
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314