

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:		NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		Certification of Conversion	
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Navarro Discount Pharmacies No. 1, Inc.		01/08/2007	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	Navarro Discount Pharmacies No. 1, LLC.		
Street Address:	9400 NW 104 Street		
City:	Medley		
State/Country:	FLORIDA		
Postal Code:	33178		
Entity Type:	LTD LIAB JT ST CO: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2585552	NO PAGUE PRECIOS DE FARMACIA	
CORRESPONDENCE DATA			
Fax Number:	(305)445-8484		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	305-447-1617		
Email:	tm@sanchelima.com		
Correspondent Name:	Sanchelima & Associates, P.A.		
Address Line 1:	235 SW Le Jeune Road		
Address Line 4:	Miami, FLORIDA 33134		
ATTORNEY DOCKET NUMBER:	16309.1		
NAME OF SUBMITTER:	Jesus Sanchelima		
Signature:	/js/		
Date:	01/13/2010		

OP \$40.00 2585552

Total Attachments: 4

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

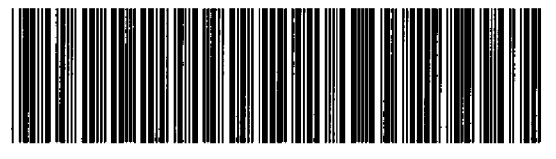
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
[Handwritten signature]

Office Use Only



900082478369

FILED
07 JAN - 8 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 JAN - 8 PM 4: 24
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 702639 4303940

AUTHORIZATION :

COST LIMIT : \$ ~~150~~

Spuddean

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

ORDER DATE : January 8, 2007

180

ORDER TIME : 2:24 PM

ORDER NO. : 702639-020

CUSTOMER NO: 4303940

DOMESTIC FILING

NAME: NAVARRO DISCOUNT PHARMACIES
NO.1, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- XXX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

Certification of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
07 JAN -8 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certification of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Section 608.439, Florida Statutes.

599 638

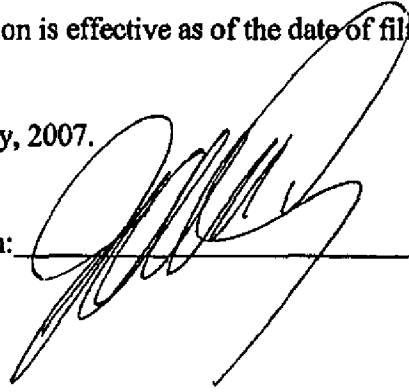
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is Navarro Discount Pharmacies No. 1, Inc.
2. The "Other Business Entity" is a corporation incorporated under the laws of the State of Florida on February 2, 1979.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Navarro Discount Pharmacies No. 1, LLC.
4. This Certificate of Conversion is effective as of the date of filing.

Signed this 8 day of January, 2007.

Signature of Authorized Person: _____

Printed Name: Jose Navarro

Title: President



**ARTICLES OF ORGANIZATION
For
Florida Limited Liability Company**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I

The name of the Limited Liability Company is **Navarro Discount Pharmacies No. 1, LLC**

Article II

The street address of the principal office of the Limited Liability Company is:

5252 West Flagler Street
Miami, FL 33134

The mailing address of the Limited Liability Company is:

9400 NW 104 Street
Miami, Florida 33178

Article III

The name and Florida street address of the registered agent is:

Martin Pico
9400 NW 104 Street
Miami, Florida 33178

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: _____

Martin Pico

Signature of member or an authorized representative of a member:

Signature: _____

Jose Navarro, President