TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	corporate conversion

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Sombra, LLC		103/26/2012	LIMITED LIABILITY COMPANY: FLORIDA

RECEIVING PARTY DATA

Name:	Sombra, LLC
Street Address:	2436 7th Street
City:	Boulder
State/Country:	COLORADO
Postal Code:	80304
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	3976231	SOMBRA

CORRESPONDENCE DATA

Fax Number: 7072556876

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Phone: 707-252-7122
Email: tmdept@dpf-law.com
Correspondent Name: J. Scott Gerien

Address Line 1: 1455 First Street, Ste 301
Address Line 4: Napa, CALIFORNIA 94559

ATTORNEY DOCKET NUMBER:	SOMB1-003
NAME OF SUBMITTER:	J. Scott Gerien
Signature:	/J. Scott Gerien/

TRADEMARK REEL: 004799 FRAME: 0325

Date:	06/11/2012
Total Attachments: 5 source=Colorado Conversion and Articles o	f Organization#page2.tif f Organization#page3.tif f Organization#page4.tif

TRADEMARK REEL: 004799 FRAME: 0326



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Colorado Secretary of State

Date and Time: 03/26/2012 12:14 PM

ID Number: 20121148920

\$50.00 Document number: 20121180358

Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity,

jurisdiction under the law of which it is	formed, and principal address	s are		
ID number	(Colorado Secretary of State ID numb	er)		
Entity name or true name	Sombra, LLC			
Form of entity	Foreign Limited Liability	Company		
Jurisdiction	Florida			
Street address	866 South Dixie Highway (Street number and name)			
		moer and name)		
	Coral Gables	FL 3	3146	
	(City)	— (State) United Stat	(ZIP/Postal Code) tes	
	(Province – if applicable)	(Country)		
Mailing address (leave blank if same as street address)	(Street number and name	e or Post Office Box	c information)	
	(City)	(<u>State)</u>	(ZIP/Postal Code)	
	(Province – if applicable)	(Country)	·	
2. The entity name of the <u>resulting</u> entity is (Caution: The use of certain terms or abbrev		l instructions for	more information.)	
3. The converting entity has been converted	ed into the resulting entity pur	suant to section	n 7-90-201.7, C.R.S.	
If applicable, adopt the following statement by mar	_			

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5. (Caution: <u>Leave blank</u> if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are

03/31/2012 12:00 PM

(mm/dd/yyyy hour:minute am/pm)

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Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

Miller I	Bradley		
(Last)	(First)	(Middle)	(Suffix
70 W Cushing St			
(Street number an	d name or Post Offic	e Box information)	
Tucson	ΑZ	85701	
Tucson (City)	$\underline{\underline{AZ}}_{\underline{(State)}}$ United Stat	(ZIP/Postal Co	de)

(If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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Colorado Secretary of State

Date and Time: 03/26/2012 12:14 PM

ID Number: 20121148920

\$50.00 Document number: 20121180358

Amount Paid: \$100.00

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the lim	ited liability company is Sombra, LLC			
	(The name of a limited liability con "limited liability company", "Itd. liability co.", "limited", "I.l.c.", "	liability company"	', "limited liability co.", "ltd.	
(Caution: The use of certain terms or abb	reviations are restricted by law. Read	d instructions for	more information.)	
2. The principal office address of the li	mited liability company's initial	principal offic	ce is	
Street address	2436 7th Street			
	(Street r	(Street number and name)		
	Boulder	CO	80304	
	(City)	United St	(ZIP/Postal Code)	
	(Province – if applicable)	(Country	<i>v)</i>	
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)			
	(City)	(State)	(ZIP/Postal Code)	
	(Province – if applicable)	(Country))	
3. The registered agent name and regis agent are	tered agent address of the limite	d liability com	pany's initial registered	
Name (if an individual)				
OR	(Last)	(First)	(Middle) (Suffix)	
(if an entity) (Caution: Do not provide both an ind	RB Consulting, LLC			
Street address	2436 7th Street			
Street address		number and name)		
	Boulder	СО	80304	
	(City)	(State)	(ZIP Code)	

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Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)			
	(0:4)	CO	(ID C-1)	
(The following statement is adopted by marking to The person appointed as registere		(State) being so appointed	(ZIP Code) d.	
4. The true name and mailing address of t	the person forming the li	mited liability com	npany are	
Name (if an individual)	Miller	Bradley		
OR	(Last)	(First)	(Middle) (Suffix)	
(if an entity) (Caution: Do not provide both an individual.)	dual and an entity name.)			
Mailing address	70 W Cushing St			
-	(Street numb	er and name or Post Off	ice Box information)	
	Tucson	AZ	85701	
	(City)	United S	(ZIP/Postal Code)	
	(Province – if applicab		'	
If the following statement applies, adopt a The limited liability company h company and the name and mass. 5. The management of the limited liability (Mark the applicable box.) ✓ one or more managers. OR ☐ the members.	as one or more additional iling address of each suc	al persons forming	the limited liability	
6. (The following statement is adopted by marking the There is at least one member of the		ny.		
7. (If the following statement applies, adopt the states. This document contains additional				
8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instruc			ed effective date has	
(If the following statement applies, adopt the state. The delayed effective date and, if appl		ment is/are 03/31		

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

	Miller	Bradley		
	70 W Cushing St	(First)	(Middle)	(Suffix)
	(Street number	and name or Post Offi	ce Box information)	
	Tucson	AZ	85701	
	(City)	<u>(State)</u> United Sta	(ZIP/Postal Co	ode)
	(Province – if applicable)	(Country	<i>')</i>	
(If the following statement applies, adop	ot the statement by marking the box and	d include an attachmer	nt.)	
This document contains the true	ae name and mailing address	of one or more ad	lditional individua	als
causing the document to be de	elivered for filing.			

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RECORDED: 06/11/2012

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