

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM306052

<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>
DDSLAB, INC.		05/19/2014	CORPORATION: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	DDS LAB, LLC		
<b>Street Address:</b>	6015 BENJAMIN ROAD		
<b>Internal Address:</b>	SUITE 310		
<b>City:</b>	TAMPA		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33634		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: FLORIDA		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3061378	DDS LAB	
<b>Registration Number:</b>	4333606	DDS LAB	
<b>Registration Number:</b>	4226949	FIERCE	
<b>Serial Number:</b>	85918770	PURESMILE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	8132291660		
<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>	813-229-7600		
<b>Email:</b>	mrichter@slk-law.com		
<b>Correspondent Name:</b>	MINDI RICHTER/SHUMAKER, LOOP & KENDRICK		
<b>Address Line 1:</b>	101 EAST KENNEDY BOULEVARD, SUITE 2800		
<b>Address Line 4:</b>	TAMPA, FLORIDA 33602		
<b>NAME OF SUBMITTER:</b>	Mindi M. Richter		
<b>SIGNATURE:</b>	/Mindi M. Richter/		
<b>DATE SIGNED:</b>	05/30/2014		
<b>Total Attachments: 6</b>			
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OP \$115.00 3061378

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

The Articles 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 s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
DDSLAB, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation.  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida  
on May 2, 2005.  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
DDS LAB, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: May 19, 2014.  
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this 19th day of May 2014.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Amy Ceresa  
Printed Name: Amy Ceresa Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Amy Ceresa  
Printed Name: Amy Ceresa Title: President / Officer

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DDS LAB, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

6015 Benjamin Road

6015 Benjamin Road

Suite 310

Suite 310

Tampa, FL 33634

Tampa, FL 33634

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Services, Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

City

33324

Zip

*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 as provided for in Chapter 605, F.S..*

Michelle Holden, Asst. Sec.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Amy Ceresa

6015 Benjamin Road, Suite 310

Tampa, FL 33634

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

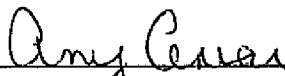
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 19, 2014. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Amy Ceresa

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.

COAST DENTAL SERVICES, INC.

4010 BOY SCOUT BLVD.  
SUITE 1100  
TAMPA, FL 33607

SUNTRUST

63-215  
631

001205

VOID

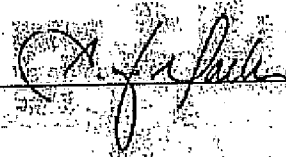
VOID

Pay One Hundred Eighty Five Dollars and 00 Cents

DATE  
May 20, 2014

AMOUNT  
\$185.00

to the Order of:  
FLORIDA DEPARTMENT OF STATE



⑈001205⑈ ⑆063102152⑆ 1000139847494⑈

COAST DENTAL SERVICES, INC.		Payment Number	Check Date	Check Number			
FLO039	FLORIDA DEPARTMENT OF STATE	00020845	05/20/2014	001205			
Voucher Number	Invoice Number	Invoice Date	Outstanding Amt	Net Paid Amt	Discount Taken	Write Off	Net Check Amt
0000835330	5/20/14	05/20/2014	\$185.00	\$185.00	\$0.00	\$0.00	\$185.00
<b>TOTALS:</b>			\$185.00	\$185.00	\$0.00	\$0.00	\$185.00