

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM330106

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
COAST DENTAL SERVICES, INC.		12/23/2014	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	Coast Dental Services, LLC		
Street Address:	4010 W. BOY SCOUT BOULEVARD, SUITE 1100		
City:	TAMPA		
State/Country:	FLORIDA		
Postal Code:	33607		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 16			
Property Type	Number	Word Mark	
Registration Number:	3925342	SMILECARE ADVANTAGE	
Registration Number:	3054783	C3	
Registration Number:	3084892	COAST COMPREHENSIVE CARE	
Registration Number:	2996841	SMILECARE	
Registration Number:	2934953	BRIGHT SMILES BEGIN AT COAST	
Registration Number:	2904471	YOUR SMILE CAN BE A WORK OF ART	
Registration Number:	2891056	COAST DENTAL ADVANTAGE	
Registration Number:	2935812	ONE COMPANY. COUNTLESS OPPORTUNITIES.	
Registration Number:	2894894	SMILEPLUS	
Registration Number:	2693042	COAST DENTAL	
Registration Number:	2132076	COAST DENTAL	
Registration Number:	1860137	SMILECARE	
Registration Number:	1858859	SMILECARE	
Serial Number:	86136993	COAST DENTAL & ORTHODONTICS	
Serial Number:	86134533	COAST DENTAL KIDS	
Registration Number:	4253410	YOUR PRACTICE. ONLY BETTER.	
CORRESPONDENCE DATA			
Fax Number:	8132291660		

OP \$415.00 3925342

TRADEMARK

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: 813-229-7600
Email: mrichter@slk-law.com
Correspondent Name: Mindi Richter/SHUMAKER, LOOP & KENDRICK
Address Line 1: 101 EAST KENNEDY BOULEVARD, SUITE 2800
Address Line 4: TAMPA, FLORIDA 33601

NAME OF SUBMITTER:	Mindi M. Richter
SIGNATURE:	/Mindi M. Richter/
DATE SIGNED:	01/27/2015

Total Attachments: 7
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source=Certificate of Conversion to LLC#page2.tif
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L14000195533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

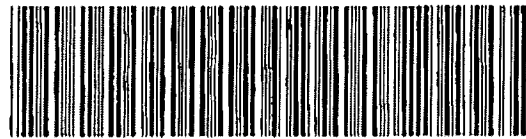
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600266631166

12/24/14--01008--003 **150.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 DEC 24 AM 9:50
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
14 DEC 24 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12-30-14

DEC 29 2014

T. BROWN TRADEMARK

REEL: 005447 FRAME: 0079



December 24, 2014

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9388984 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Coast Dental Services, Inc (FL)
Conversion
Florida

(Effective Date: 12/30/2014)
Thank You!

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast Dental Services, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Patricia Hule, Esq.
(Contact Person)

Coast Dental Services, LLC
(Firm/Company)

4010 West Boy Scout Boulevard, STE 1100
(Address)

Tampa, Florida 33607
(City, State and Zip Code)

phule@coastdental.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Lisa Wilkerson, Esq. at (813) 258-1177
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

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

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

INHS11 (02/14)

FILED
14 DEC 24 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Coast Dental Services, Inc. (P02000094204)
(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.)

EFFECTIVE DATE
12-30-14

First organized, formed or incorporated under the laws of Florida
on August 29, 2002
(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:
Coast Dental Services, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: December 30, 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.)

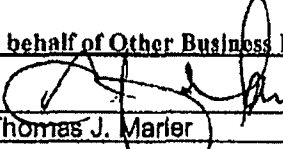
5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 23rd day of December 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Thomas J. Marler Title: Authorized Representative

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

Signature: 
Printed Name: Thomas J. Marler Title: Director

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 OF

Coast Dental Services, LLC

ARTICLE I-Name

The name of the limited liability company shall be Coast Dental Services, LLC.

ARTICLE II-Address

The street address of the principal office of the limited liability company is: 4010 West Boy Scout Boulevard, Suite 1100 Tampa, Florida 33607. The mailing address of the principal office of the limited liability company is: 4010 West Boy Scout Boulevard, Suite 1100 Tampa, Florida 33607.

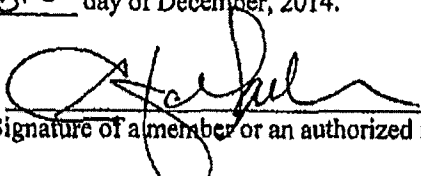
ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: NRAI Services, Inc., 1200 South Pine Island Road, Plantation, Florida 33324.

ARTICLE IV-Effective Date

The effective date of the Articles of Organization is December 30, 2014.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23rd day of December, 2014.



Signature of a member or an authorized representative of a member

(In accordance with Section 605.8205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas J. Marler
Typed or printed name of signee

ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.



Name: Michele Holden

Title: Assistant Secretary

Company Name:

NRAI Services, Inc.

1200 South Pine Island Road,

Plantation, Florida 33324