

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM357269

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Iceland Health, Inc.		10/14/2014	CORPORATION: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Iceland Health, LLC.		
<b>Street Address:</b>	1301 Sawgrass Corporate Parkway		
<b>City:</b>	Sunrise		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33323		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: FLORIDA		
<b>PROPERTY NUMBERS Total: 8</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86290090	RELAAX	
<b>Registration Number:</b>	4078272	OMEGA MOVE	
<b>Registration Number:</b>	3970780	ICELAND HEALTH	
<b>Registration Number:</b>	3981178	ICELAND HEALTH OMEGA ULTIMATE SHIELD	
<b>Registration Number:</b>	3995284	OMEGA ULTIMATE SHIELD	
<b>Registration Number:</b>	2784439	ICELANDHEALTH	
<b>Registration Number:</b>	3583999	DIABETES ESSENTIALS NUTRITION TO GO	
<b>Registration Number:</b>	2380491	BLESSED HERBS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	7542606514		
<b>Email:</b>	Trademarks@naturesproducts.com		
<b>Correspondent Name:</b>	Anthony Robinson		
<b>Address Line 1:</b>	1815 Griffin Road		
<b>Address Line 2:</b>	Suite 404		
<b>Address Line 4:</b>	Dania Beach, FLORIDA 33004		
<b>NAME OF SUBMITTER:</b>	Anthony Robinson		
<b>SIGNATURE:</b>	/Anthony Robinson/		

OP \$215.00 86290090

**DATE SIGNED:**

10/02/2015

**Total Attachments: 13**

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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:  
ICELAND HEALTH, 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 DECEMBER 16, 2009.  
(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**:  
ICELAND HEALTH, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.  
**(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 \_\_\_\_\_ day of \_\_\_\_\_ 20 14

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

Signature of Authorized Representative: \_\_\_\_\_  
Printed Name: JOSE MINSKI Title: MANAGER

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

Signature: \_\_\_\_\_  
Printed Name: JOSE MINSKI Title: PRESIDENT, SECRETARY & DIRECTOR

Signature: \_\_\_\_\_  
Printed Name: MEYER MINSKI Title: VICE PRESIDENT, ASST. SECRETARY & DIRECTOR

Signature: \_\_\_\_\_  
Printed Name: RUBEN MINSKI Title: VICE PRESIDENT & ASST. SECRETARY

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:

ICELAND HEALTH, 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:

1301 Sawgrass Corporate Pkwy.

Sunrise, FL 33323

### Mailing Address:

1301 Sawgrass Corporate Pkwy.

Sunrise, FL 33323

## 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:

JOSE MINSKI

Name

1301 Sawgrass Corporate Pkwy.

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

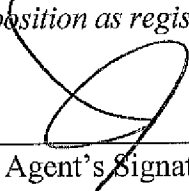
Sunrise

FL 33323

City

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

JOSE MINSKI  
1301 Sawgrass Corporate Pkwy.  
Sunrise, FL 33323

MGR

MEYER MINSKI  
1301 Sawgrass Corporate Pkwy.  
Sunrise, FL 33323

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

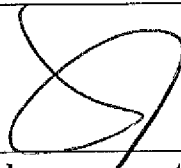
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

JOSE MINSKI

\_\_\_\_\_  
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)**

**ACTION BY UNANIMOUS CONSENT  
OF THE SHAREHOLDER AND  
BOARD OF DIRECTOR  
OF  
ICELAND HEALTH, INC.**

The undersigned Shareholder and Board of Directors of ICELAND HEALTH, INC., a Florida corporation (the "Corporation"), do hereby consent that, upon execution of this consent, the resolutions set forth below shall be deemed to have been adopted to the same extent and to have the same force and effect as if adopted at a formal meeting of the Shareholder and Board of Directors of the Corporation, duly called and held for the purpose of acting upon proposals to adopt such resolutions. The undersigned do hereby waive all formal requirements, including the necessity of holding a formal meeting, and any requirement that notice of such meeting be given. The following resolutions are hereby adopted effective as of October 1, 2014:

**WHEREAS**, the Board of Directors has been presented with a form of Plan of Conversion (the "**Plan**") whereby the Corporation shall be converted into a limited liability company under the laws of the State of Florida; and

**WHEREAS**, the Board of Directors and Shareholder have determined that it is advisable and in the best interests of the Corporation that the Corporation be converted (the "**Conversion**") into ICELAND HEALTH, LLC, a Florida limited liability company (the "**Surviving Company**") on the terms and subject to the conditions set forth therein.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the Corporation is hereby authorized, directed and empowered, to execute and enter into the Plan and convert into the Surviving Company.

**RESOLVED**, that the proper officers of the Corporation be, and they hereby are, authorized directed and empowered, on behalf of and in the name of the Corporation, to take such action, and to make, amend, assign, execute, acknowledge and deliver any and all other instruments, agreements, certificates, papers and documents, and to do such things as may be necessary and desirable to effectuate the actions authorized by the foregoing resolution (as conclusively evidenced by the taking of such action or the execution and delivery of such instruments, as the case may be, by or under the direction of such officer), and all action heretofore taken by the officers and agents of the Corporation in connection with the subject of the foregoing resolution be, and it hereby is, approved, ratified and confirmed in all respects as the act and deed of the Corporation; and be it

**FURTHER RESOLVED**, that any party receiving an executed copy, a facsimile or an electronic transmission by e-mail, or similar medium in a PDF or comparable format which contains an electronic image of the document and requisite signatures, of these resolutions may rely hereon; and it is

**FURTHER RESOLVED**, that this action by unanimous consent may be executed in one or more counterparts and all of such counterparts shall collectively constitute an original consent, which may be evidenced by any one counterpart.

**IN WITNESS WHEREOF**, the undersigned have executed this Action by Unanimous Consent effective as of the date first written above.

*Signature Page To Follow*



IN WITNESS WHEREOF, the undersigned have executed this Written Consent in order to give their consent thereto effective as of the \_\_\_ day of \_\_\_\_\_, 2014.

**BOARD OF DIRECTORS:**

Jose Minski

Meyer Minski

**SHAREHOLDER:**

HEALTH PRODUCT HOLDING CO.,  
LLC, a Delaware Limited Liability  
Company

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **PLAN OF CONVERSION**

This Plan of Conversion (this "**Plan**") is adopted and approved by ICELAND HEALTH, INC., a Florida corporation (the "**Corporation**") pursuant to the Action by Unanimous Consent of the Shareholders and Board of Directors of ICELAND HEALTH, INC. in Lieu of a Special Meeting dated October 1, 2014.

## **RECITALS**

The Board of Directors and Shareholder have determined that it is advisable and in the best interests of the Corporation that the Corporation be converted (the "**Conversion**") into ICELAND HEALTH, LLC, a Florida limited liability company (the "**Surviving Company**") on the terms and subject to the conditions set forth herein.

## **THE CONVERSION**

At the Effective Time (as defined below), the Corporation shall be converted into the Surviving Company in accordance with Sections 607.1113 and 608.439 of the Florida Statutes, and the separate existence of the Corporation shall cease and the Surviving Company shall continue as the surviving company under the laws of the State of Florida.

## **THE SURVIVING COMPANY**

At the Effective Time, the Articles of Organization attached hereto as Exhibit A shall be the Articles of Organization of the Surviving Company.

At the Effective Time, the Limited Liability Company Agreement attached hereto as Exhibit B shall be the Limited Liability Company Agreement of the Surviving Company, until thereafter altered, amended or repealed in accordance with applicable laws and the Articles of Organization and Limited Liability Company Agreement of the Surviving Company.

## **MANNER AND BASIS OF CONVERTING SHARES**

At the Effective Time, each Share of the Corporation, regardless of class, issued and outstanding immediately prior to the Effective Time shall be automatically converted into a membership interest as a member of the Surviving Company, which shall be the only outstanding membership interests of the Surviving Company immediately following the Effective Time. The total Shares outstanding pre-conversion is 100 and the total membership interest outstanding post-conversion will be 100%.

### **EFFECT OF CONVERSION**

At the Effective Time, all property, rights, privileges, powers and franchises of the Corporation shall vest in the Surviving Company, and all liabilities and obligations of the Corporation shall become liabilities and obligations of the Surviving Company.

### **EFFECTIVE TIME**

As used in this Plan, the term "Effective Time" shall mean the date and time of filing of a Certificate of Conversion with the Department of State of the State of Florida, with respect to the Conversion.

### **COUNTERPARTS**

This Plan may be executed in multiple counterparts and all such counterparts collectively shall constitute an original Plan, which may be evidenced by any one counterpart.

*Signature Page To Follow*

**IN WITNESS WHEREOF**, the undersigned has executed this Plan of Conversion as of the \_\_\_\_ day of \_\_\_\_\_, 2014.

ICELAND HEALTH, INC., a Florida corporation

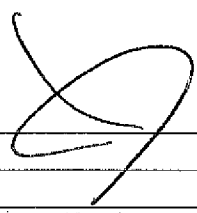
By:   
\_\_\_\_\_  
Jose Minski, Director & President

**ACKNOWLEDGED AND AGREED:**

**SHAREHOLDER:**

HEALTH PRODUCT HOLDINGS CO.,  
LLC, a Delaware Limited Liability  
Company

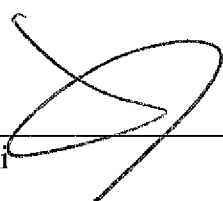
By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_



**BOARD OF DIRECTORS:**

\_\_\_\_\_

Jose Minski



\_\_\_\_\_

Meyer Minski

**EXHIBIT "A"**

(SEE ATTACHED)

**EXHIBIT "B"**

(SEE ATTACHED)