

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM416908

<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>
Orchid Underwriters Agency Inc.		10/22/2014	Corporation: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Orchid Underwriters Agency, LLC		
<b>Street Address:</b>	1201 19TH PLACE, SUITE A-110		
<b>City:</b>	Vero Beach		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32960		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87089648	ORCHID	
<b>Serial Number:</b>	87088007	ORCHID THE FIRST CHOICE.	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3125778994		
<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>	3129025200		
<b>Email:</b>	deborah.wing@kattenlaw.com		
<b>Correspondent Name:</b>	Deborah Wing c/o Katten Muchin Rosenman		
<b>Address Line 1:</b>	525 West Monroe Street		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60661		
<b>ATTORNEY DOCKET NUMBER:</b>	386454-5/Orchid/Conversio		
<b>NAME OF SUBMITTER:</b>	Deborah A. Wing		
<b>SIGNATURE:</b>	/DAW/		
<b>DATE SIGNED:</b>	02/21/2017		
<b>Total Attachments: 5</b>			
source=Orchid Underwriters - filed copy of conversion NH#page1.tif			
source=Orchid Underwriters - filed copy of conversion NH#page2.tif			
source=Orchid Underwriters - filed copy of conversion NH#page3.tif			

CH \$65.00 87089648

source=Orchid Underwriters - filed copy of conversion NH#page4.tif

source=Orchid Underwriters - filed copy of conversion NH#page5.tif

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Certificate of Conversion and Articles of Incorporation, filed on October 22, 2014, with an organizational date deemed effective July 1, 2007, for ORCHID UNDERWRITERS AGENCY, LLC, the resulting Florida corporation, as shown by the records of this office.

The document number of this entity is L14000165974.

State of New Hampshire  
Certify Copy of Conversion 5 Page(s)



T1434345041

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-fifth day of November, 2014



CR2EO22 (1-11)

*Ken Detzner*  
Ken Detzner  
Secretary of State

**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:  
Orchid Underwriters Agency, 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 July 1, 2007  
(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:

Orchid Underwriters Agency, 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.

Page 1 of 2

2014 OCT 22 PM 12:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signed this 22nd day of October 2014

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

Signature of Authorized Representative: Michael Ray  
Printed Name: Michael Ray Title: CEO

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

Signature: Michael Ray  
Printed Name: Michael Ray Title: CEO

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)

2014 OCT 22 PM 12:12  
FILED  
CLERK OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orchid Underwriters Agency, 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:

1201 19<sup>th</sup> Place, Suite A-110  
Vero Beach, Florida 32960

1201 19<sup>th</sup> Place, Suite A-110  
Vero Beach, Florida 32960

ARTICLE III - Registered Agent, Registered Office, and 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 Drive

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

Plantation

FL 33324

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

NRAI Services, Inc.

By: Michele Holden

Name: Michele Holden

Title: Assistant Secretary

FILED  
OCT 22 PM 12:12  
CLERK OF STATE  
TALLAHASSEE FLORIDA

(CONTINUED)

**ARTICLE IV -**

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

**Title:**

"AMBER" - Authorized Member

"MGR" - Manager

**Name and Address:**

AMBER

OJA Holdings, Inc.

515 Bay Drive

Vero Beach, Florida 32963

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

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

(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:**

*Michael Ray*

\_\_\_\_\_  
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, P.S.)

FILED  
2014 OCT 22 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LEGAL211201821

10/21/2014 4:57PM (GMT-04:00)