

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM452853

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Florida Home Medical Supply, Inc.		10/24/2014	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	Florida Home Medical Supply, LLC		
Street Address:	614 E. Altamonte Drive		
City:	Altamonte Springs		
State/Country:	FLORIDA		
Postal Code:	32701		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3972411	COLONIAL MEDICAL SUPPLIES	
CORRESPONDENCE DATA			
Fax Number:	4078412343		
<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>			
Phone:	4078412330		
Email:	aimber@allendyer.com		
Correspondent Name:	Allison R. Imber, Esq.		
Address Line 1:	255 S. Orange Ave, Ste. 1401		
Address Line 4:	Orlando, FLORIDA 32801		
NAME OF SUBMITTER:	Allison R. Imber, Esq.		
SIGNATURE:	/Allison Imber/		
DATE SIGNED:	12/01/2017		
Total Attachments: 9			
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

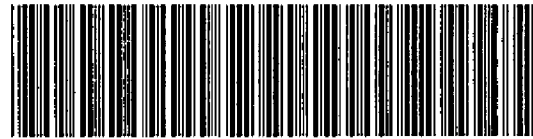
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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T. CLINE
TRADEMARK

REEL: 006217 FRAME: 0168

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HOME MEDICAL SUPPLY, 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:

Steven R. Kutner, Esquire
(Contact Person)

Steven R. Kutner, P.A.
(Firm/Company)

260 Lookout Place, Suite 205
(Address)

Maitland, FL 32751
(City, State and Zip Code)

betty@cfl.rr.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Steven R. Kutner, Esquire at (407) 644-1104
(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)

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 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:
FLORIDA HOME MEDICAL SUPPLY, INC.

(Enter Name of Other Business Entity)

F90560

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 13, 1982
(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**:
FLORIDA HOME MEDICAL SUPPLY, 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.

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Signed this 24th day of October 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: x Betty Bruinsma
Printed Name: Betty Bruinsma Title: Manager

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

Signature: x Betty Bruinsma
Printed Name: Betty Bruinsma Title: President

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)

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ARTICLES OF ORGANIZATION

OF

FLORIDA HOME MEDICAL SUPPLY, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I

NAME OF THE LIMITED LIABILITY COMPANY

The name of this Limited Liability Company shall be **FLORIDA HOME MEDICAL SUPPLY, LLC.**

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Company shall be 614 E. Altamonte Drive, Altamonte Springs, Florida 32714.

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ARTICLE III

PERIOD OF DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date if specified. The Company's existence shall be perpetual, unless the Company is dissolved earlier as provided in these Articles of Organization or in the Operating Agreement.

ARTICLE IV

REGISTERED OFFICE AND AGENT

The initial street address in Florida of the initial registered office of the Company is 614 E. Altamonte Drive, Altamonte Springs, Florida 32714, and the name of the initial registered agent at such address is **DAVID BRUINSMA**.

ARTICLE V

CAPITAL CONTRIBUTIONS

The Members of the Company shall contribute to the capital of the Company the cash or property set forth in Exhibit "A" to the Operating Agreement.

ARTICLE VI

ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members or as provided in the Operating Agreement.

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ARTICLE VII

ADMISSION OF NEW MEMBERS

Except as set forth in the Operating Agreement, no additional members shall be admitted to the Company except with the majority consent of all the members of the Company holding membership units of ten percent (10%) or greater, and on the terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company holding membership units of ten percent (10%) or greater, other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

ARTICLE VIII

MEMBERS' RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved on the death, bankruptcy or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by majority consent of all the members of the Company holding membership units of ten percent (10%) or greater.

ARTICLE IX

MANAGEMENT

The Company shall be managed by a manager in accordance with Operating Agreement adopted by the members for the management of the business and affairs of the Company. These Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law. The name and address of the manager of the Company is:

NAME

ADDRESS

BETTY BRUINSMA

614 E. Altamonte Drive
Altamonte Springs, Florida 32714

DAVID BRUINSMA

614 E. Altamonte Drive
Altamonte Springs, Florida 32714

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IN WITNESS WHEREOF, the undersigned organizers have made and subscribed to these Articles of Organization at Orange County, Florida on this 24 day of October, 2014.

Betty Bruinsma

BETTY BRUINSMA
David Bruinsma

DAVID BRUINSMA

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing Articles of Organization were acknowledged before me this 24th day of October, 2014, by **BETTY BRUINSMA** who has produced a Florida driver's license as identification or who is personally known to me.



Steven R. Kutner

_____, Notary Public

Printed Name of Notary

Commission No. _____

My Commission Expires:

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing Articles of Organization were acknowledged before me this 24th day of October, 2014, by **DAVID BRUINSMA**, who has produced a Florida driver's license as identification or who is personally known to me.



Steven R. Kutner

_____, Notary Public

Printed Name of Notary

Commission No. _____

My Commission Expires:

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE OF THE FLORIDA HOME MEDICAL SUPPLY, LLC**

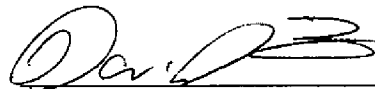
Under the provisions of F.S. 605.0133 or 605.0114, **FLORIDA HOME MEDICAL SUPPLY, LLC**, submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is **FLORIDA HOME MEDICAL SUPPLY, LLC**.
2. The name and street address of the registered agent in Florida is:

DAVID BRUINSMA
614 E. Altamonte Drive
Altamonte Springs, Florida 32714

The undersigned, being the person named in the Articles of Organization of **FLORIDA HOME MEDICAL SUPPLY, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated Company at the place designated in the Articles of Organization, and 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 his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Date: October 24, 2014



DAVID BRUINSMA
Registered Agent

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TALLAHASSEE, FLORIDA

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