

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM462041

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Cosmetic Dermatology, Inc		12/29/2017	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	Cosmetic Dermatology, LLC		
Street Address:	9798 NW 15TH ST		
City:	Miami		
State/Country:	FLORIDA		
Postal Code:	33172		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 20			
Property Type	Number	Word Mark	
Registration Number:	4172501	DARK SPOTS NO MORE	
Registration Number:	4165313	FLEXITONE	
Registration Number:	4029692	DR. BRANDT CAN-ULIFT	
Registration Number:	3309263	ANTI-OXIDANT WATER BOOSTER	
Registration Number:	3299544	LASER A-PEEL	
Registration Number:	3172518	PORES NO MORE	
Registration Number:	3665221	LINES NO MORE	
Registration Number:	3054413	LASER TIGHT	
Registration Number:	3111745	INFINITE MOISTURE	
Registration Number:	3084588	DR. BRANDT	
Registration Number:	3091397	TAKE THE DOCTOR HOME WITH YOU	
Registration Number:	3017768	R3P CREAM	
Registration Number:	2865267	LINELESS	
Registration Number:	2918186	CREASE RELEASE	
Registration Number:	4060721	PORE THING	
Registration Number:	3986475	DR. BRANDT LIGHT YEARS AWAY	
Registration Number:	3931766	DR. BRANDT DETOXYGEN	
Registration Number:	3864997	TIME ARREST	
Registration Number:	3681438	TIME ARREST	

OP \$515.00 4172501

Property Type	Number	Word Mark
Registration Number:	4415088	SHINERASE

CORRESPONDENCE DATA

Fax Number:

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: 3053970845

Email: mlima@cozen.com

Correspondent Name: Cozen O'Connor

Address Line 1: Southeast Financial Center

Address Line 2: 200 South Biscayne Blvd, Suite 3000

Address Line 4: Miami, FLORIDA 33131

NAME OF SUBMITTER:	Ashley G. Kessler
SIGNATURE:	/Ashley G. Kessler/
DATE SIGNED:	02/14/2018

Total Attachments: 5

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2018

CSC

Re: Document Number L18000001194

The Articles of Conversion and Articles of Organization were filed December 29, 2017, with an organizational date deemed effective June 27, 1986, for COSMETIC DERMATOLOGY, LLC, the resulting Florida Limited Liability Company.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Should you have any further questions concerning this matter, please feel free to call (850) 245-6051, the Registration Filing Section.

Matthew T Moon
Regulatory Specialist II
Division of Corporations

Letter Number: 118A00000130

Account number: I20000000195

Amount charged: 150.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRADEMARK
REEL: 006272 FRAME: 0560

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:
Cosmetic Dermatology, 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
(Enter state, or if a non-U.S. entity, the name of the country)

on June 27, 1986
(date of organization, formation or incorporation)

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

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

17 DEC 29 PM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 29th day of December 202017.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Stephane Collet Title: President/Manager

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

Signature: _____
Printed Name: Stephane Collet Title: President/Manager

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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C.A. & D.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cosmetic Dermatology, LLC

(Must contain 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:

9798 NW 15th Street
Miami, Florida 33172

9798 NW 15th Street
Miami, Florida 33172

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:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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.,

Roxanne Turner
Registered Agent's Signature (REQUIRED)

Roxanne Turner
Asst. Vice President

(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:

Stephane Collet

8798 NW 15th Street

Miami, FL 33172

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Stephane Collet

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)

17 DEC 29 PM 10:17
STATE OF FLORIDA
DEPARTMENT OF STATE