

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM532537

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Dental Enhancements, LLC		06/07/2016	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	Dental Enhancements Incorporated		
Street Address:	8455 Miramar Way #202		
City:	Lakewood Ranch		
State/Country:	FLORIDA		
Postal Code:	34202		
Entity Type:	Corporation: FLORIDA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	4567479	OSHA MADE EASY	
Registration Number:	4560421	HIPAA MADE EASY	
Registration Number:	4560420	HIPAA MADE EASY	
CORRESPONDENCE DATA			
Fax Number:	9413642738		
<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:	9413642738		
Email:	dcherry@shumaker.com		
Correspondent Name:	Douglas A. Cherry		
Address Line 1:	240 South Pineapple Avenue		
Address Line 4:	Sarasota, FLORIDA 34236		
ATTORNEY DOCKET NUMBER:	D13154-161858		
NAME OF SUBMITTER:	Douglas A. Cherry		
SIGNATURE:	/doug cherry/		
DATE SIGNED:	07/18/2019		
Total Attachments: 6			
source=Conversion#page1.tif			
source=Conversion#page2.tif			

CH \$90.00 4567479

source=Conversion#page3.tif

source=Conversion#page4.tif

source=Conversion#page5.tif

source=Conversion#page6.tif

P/6 000050854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

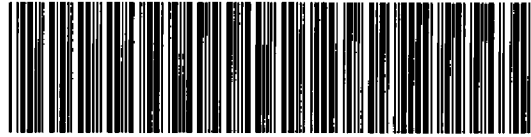
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286560784

06/07/16--01028--011 **105.00

15 7 2 - 7 04 3: 22
SEARCHED
SERIALIZED
INDEXED
FILED

K 06/10/16

TRADEMARK
REEL: 006698 FRAME: 0139

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Dental Enhancements Incorporated
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Kimberly Josey

Contact Person

Agape' Accounting Solutions Inc.

Firm/Company

26105 Orchard Lake Road, Ste. 100

Address

Farmington Hills, MI 48334

City, State and Zip Code

agape1@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Josey at (248) 474-5683

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Dental Enhancements, LLC

(L11 - 093917) ✓

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, 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 August 16th, 2011 ✓

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Dental Enhancements Incorporated

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 05/27/2016

(The effective date: 1) cannot be prior to 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 Incorporation, if an effective date is listed therein.)

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.

15
05-27-11
DW 3:22

Signed this 27th day of May, 2016.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: Jill Obrochta Title: President

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

Signature: [Signature]
Printed Name: Jill Obrochta Title: Managing Member

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

15 7 01 3: 22
STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

159 11-17 11:38 AM

ARTICLE I NAME

The name of the corporation shall be: Dental Enhancements Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
3 Jefferson Court South
St. Petersburg, Florida 33711

Mailing address, if different is:
(Same as Principal street address)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental consulting services for OSHA and HIPAA compliance.

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jill Obrochta - President
Address: 3 Jefferson Court South
St. Petersburg, Florida 33711

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

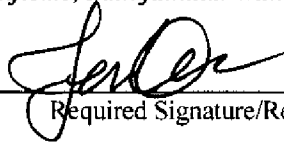
Name: Jill Obrochta
Address: 3 Jefferson Court South
St. Petersburg, Florida 33711

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kimberly Josey
Address: 26105 Orchard Lake Road, Ste. 100
Farmington Hills, MI 48334

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

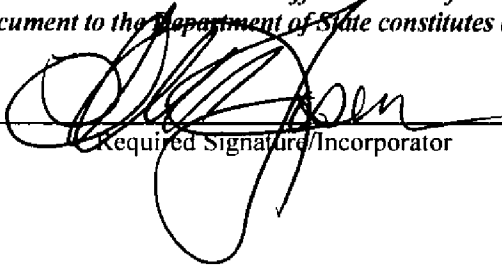


Required Signature/Registered Agent

May 27th, 2016

Date

I submit this document and affirm 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.



Required Signature/Incorporator

May 27th, 2016

Date

16 07 17 09 03:22
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE