

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM533611

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MDVIP, INC.		11/14/2017	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	MDVIP, LLC		
Street Address:	4950 Communication Ave., suite 100		
City:	Boca Raton		
State/Country:	FLORIDA		
Postal Code:	33431		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4571446	MDVIP FOUNDATION	
CORRESPONDENCE DATA			
Fax Number:	9545232872		
<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:	9547125158		
Email:	pbuckley@bergersingerman.com		
Correspondent Name:	BERGER SINGERMANN LLP		
Address Line 1:	350 E. Las Olas Blvd., Suite 1000		
Address Line 4:	Fort Lauderdale, FLORIDA 33301		
NAME OF SUBMITTER:	GEOFFREY LOTTENBERG		
SIGNATURE:	/GEOFFREY LOTTENBERG/		
DATE SIGNED:	07/25/2019		
Total Attachments: 9			
source=MDVIP LLC - Change of Name#page1.tif			
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Delaware

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Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "MDVIP LLC", CHANGING
ITS NAME FROM "MDVIP LLC" TO "MDVIP, LLC", FILED IN THIS OFFICE
ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2018, AT 12:48 O`CLOCK
P.M.*



3429035 8100
SR# 20182963896

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202573473
Date: 04-24-18

TRADEMARK
REEL: 006703 FRAME: 0500

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
MDVIP LLC**

It is hereby certified that:

1. The name of the limited liability company is **MDVIP LLC** (hereinafter called the "Company"). The filing date of the Certificate of Formation was November 14, 2017.

2. Pursuant to the Delaware Limited Liability Company Act, the Certificate of Formation of the Company is hereby amended as follows:


3. Article 1. of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:

"1. Name. The name of the limited liability company is **MDVIP, LLC** (the "Company")."

4. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.

5. This amendment shall be effective as of the date of filing of this Certificate of Amendment.

Executed on this 23 day of April, 2018



Roy R. Harris, Jr., Authorized Person

July 2, 2018

MDVIP, LLC
4950 COMMUNICATION AVE, STE 100
BOCA RATON, FL 33431US

Qualification documents for MDVIP, LLC were filed on June 29, 2018, and assigned document number M18000006088. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H18000192857.

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.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>

Please notify this office if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Octavia L Simmons
Regulatory Specialist III
Registration Section
Division of Corporations

Letter Number: 418A00013665

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by MDVIP, LLC, a Delaware limited liability company, authorized to transact business within the state of Florida on June 29, 2018, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H18000192857. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is M18000006088.

Authentication Code: 418A00013665-070218-M18000006088-1/1



Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Second day of July, 2018

Ken Detzner

Ken Detzner
Secretary of State

TRADEMARK

REEL: 006703 FRAME: 0503

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDVIP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee FL 32301

City/State and Zip Code

ahillegas@mdvip.com

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

For further information concerning this matter, please call:

Name of Contact Person

at (855) 498-5500

Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MDVIP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., re determining penalty liability)

5. 4950 Communication Ave., Suite 100
(Street Address of Principal Office)
Boca Raton, Florida 33431

6. 4950 Communication Ave., Suite 100
(Mailing Address)
Boca Raton, Florida 33431

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Holly Jones Holly Jones
Assistant Vice President
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
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<u>MBRM</u>	<u>MDVIP Intermediate LLC</u>		
	<u>4950 Communication Ave., Suite 100</u>		
	<u>Boca Raton, Florida 33431</u>		

(Use attachments if necessary) _____

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

X Matthew Hashem
Signature of an authorized person

Matthew Hashem

Typed or printed name of signer

Delaware

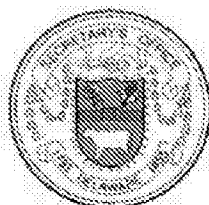
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MDVIP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDVIP, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3429035 8300

SR# 20185222249

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202907647

Date: 06-18-18

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE
CORPORATION UNDER THE NAME OF "MDVIP, INC." TO A DELAWARE LIMITED
LIABILITY COMPANY, CHANGING ITS NAME FROM "MDVIP, INC." TO "MDVIP
LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF NOVEMBER, A.D.
2017, AT 2:23 O`CLOCK P.M.*



3429035 8100V
SR# 20177075125

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203567537
Date: 11-14-17

TRADEMARK
REEL: 006703 FRAME: 0507

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is August 22, 2001.
- 4.) The name of the Corporation immediately prior to filing this Certificate is
MDVIP, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of
Formation is MDVIP LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
14th day of November, A.D. 2017.

By: /s/ Alyse Wagner
Authorized Person

Name: Alyse Wagner
Print or Type