

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM595343

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Activstyle, Inc.		06/11/2020	Corporation: MINNESOTA
RECEIVING PARTY DATA			
Name:	ActiveStyle, LLC		
Street Address:	220 West Germantown Pike, Suite 250		
Internal Address:	c/o AdaptHealth LLC		
City:	Plymouth Meeting		
State/Country:	PENNSYLVANIA		
Postal Code:	19462		
Entity Type:	Limited Liability Company: MINNESOTA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3662721	ACTIVSTYLE	
Registration Number:	2888734	ACTIVSTYLE	
Serial Number:	88327403	CAREPRO	
CORRESPONDENCE DATA			
Fax Number:	3128278185		
	<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:	312-807-4350		
Email:	citrademarks@klgates.com, valerie.swanson@klgates.com, sana.hakim@klgates.com		
Correspondent Name:	Sana Hakim c/o K&L Gates LLP		
Address Line 1:	P.O. Box 1135		
Address Line 4:	Chicago, ILLINOIS 60690-1135		
ATTORNEY DOCKET NUMBER:	1205356-19		
NAME OF SUBMITTER:	Sana Hakim		
SIGNATURE:	/sh/		
DATE SIGNED:	09/01/2020		
Total Attachments: 7			
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Office of the Minnesota Secretary of State Certificate of Conversion

I, Steve Simon, Secretary of State of Minnesota, certify that: the documentation required to effectuate a conversion by the entity listed below from the law under which the entity was previously governed to the law under which it is governed after the issuance of this certificate, on the date listed and has been approved pursuant to the procedures required in the chapter indicated.

Conversion Filed Pursuant to Minnesota Statutes, Chapter: 302A

Home Jurisdiction and Name of Converting Entity:

Minnesota: Activstyle, Inc.

After Conversion, Entity is governed by Minnesota Statutes, Chapter:
322C

Home Jurisdiction and Name of Entity after the Effective Date of Conversion:

Minnesota: ActivStyle, LLC

This Certificate has been issued on: 06/11/2020



A handwritten signature in black ink that reads "Steve Simon".

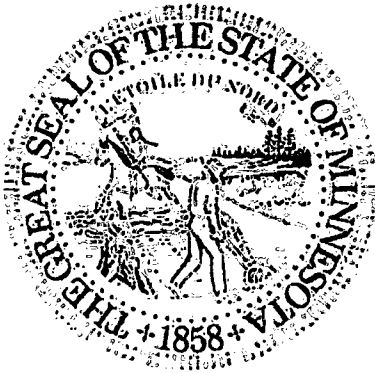
Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State Certificate of Organization

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name: ActivStyle, LLC
File Number: 1162851100081
Minnesota Statutes, Chapter: 322C
This certificate has been issued on: 06/11/2020



Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State
Articles of Conversion
Minnesota Statutes, Chapter 302A



Read the instruction before completing this form. This form is intended merely as a guide for filing and is not intended to cover all situations.

Filing Fee: \$55 for expedited service in-person, \$35 if submitted by mail

The following type of organization is being converted into another organization and was approved as required by Chapter 302A.

1. Check the appropriate box for this conversion filing:

- Business Corporation (Domestic) governed under Chapter 302A converting to a Limited Liability Company (Domestic) under Chapter 322C.
- Business Corporation (Domestic) governed under Chapter 302A converting to a Limited Liability Company (Foreign).
- Business Corporation (Domestic) governed under Chapter 302A to a Business Corporation (Foreign).
- Business Corporation (Domestic) governed under Chapter 302A converting to a Nonprofit Corporation (Domestic) under Chapter 317A.

2. Name of Organization before the Conversion is: (Required)

ActivStyle, Inc.

3. Home Jurisdiction of Organization before the Conversion is: (Required) Minnesota

4. Name of the Organization after the Conversion shall be: (Required)

ActivStyle, LLC

5. Home Jurisdiction of Organization after the Conversion shall be: (Required) Minnesota

6. The time the Conversion is effective under the governing statute of the Converted Organization is:

If the converting organization is a domestic organization, the plan of conversion was approved under Section 302A.684, 317A.685 or 322C.1007. If the converting organization is a foreign organization, the conversion was approved as required by the governing statute of the converted organization.

Office of the Minnesota Secretary of State

Articles of Conversion

Minnesota Statutes, Chapter 302A



7. The Terms and Conditions of the Proposed Conversion are:
An additional sheet may be attached for additional Terms and Conditions

If no Terms and Conditions are listed, the undersigned personally certifies that there are no Terms and Conditions

8. A Converted Organization that is a foreign organization and not authorized to transact business in this state appoints the secretary of state as its agent for service of process for purposes of enforcing a debt, obligation, or other liability under this subdivision. The street address of an office that the secretary of state may use for the purposes of section 302A.691, subd. 3, 317A.689, subd 3, or 322C.1010 subd. 3 is:

9. If the converted organization is a domestic organization, include a copy of the Articles of Incorporation or Articles of Organization. (Required)

10. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

A handwritten signature in black ink, appearing to read "George R. ...".

Authorized Signature of Individual on Behalf of the Converting Company or Authorized Agent (Required)

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List the name and daytime phone number of a person who can be contacted about this form:

Contact Name and Phone Number

Entities that own, lease or have any financial interest in agricultural land or land capable of being farmed must registered with the Minnesota Department of Agriculture's Corporate Farm Program.

Articles of Conversion Rev. 1/1 2013

Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Articles of Organization
Minnesota Statutes, Chapter 322C



Read the instructions before completing this form.

Filing Fee: \$155 for expedited service in-person and online filings, \$135 if by mail

Note: A professional organization governed under Chapter 319B must include an attachment with the following information: (This information is only required if this is a professional organization.)

1. Statement that the Minnesota firm elects to operate and acknowledges that it is subject to *Minnesota Statutes, Chapter 319B.01 to 319B.12.*
2. List the professional service the organization is authorized to provide under *Minnesota Statutes, Chapter 319B, subd 19.*

The undersigned organizer(s), in order to form a Limited Liability Company under *Minnesota Statutes, Chapter 322C* adopt the following:

Article I – Name of Limited Liability Company (Required)

ActivStyle, LLC

(The company name must include the words Limited Liability Company or the abbreviation LLC)

Article II - Registered Office Address and Agent (A Registered Office Address is Required)

1010 DALE ST N	SAINT PAUL	MN	55117-5603
Street Address <i>(A PO Box by itself is not acceptable)</i>	City	State	Zip Code

Registered Agent at the above address is: C T Corporation System Inc.

Article III – Duration

The period of duration for this limited liability company shall be perpetual.

Article IV – Organizers (Required)

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Gayle Devin	1701 Broadway Street NE	Minneapolis	ME	54413
Organizer's Name	Street Address	City	State	Zip

Signature				

6/10/2020

Date

Organizer's Name	Street Address	City	State	Zip
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Signature	Date
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Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices, including this submission:

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

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Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Articles of Organization
Minnesota Statutes, Chapter 322C



Minnesota Business Snapshot

To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. Again, this survey is voluntary and the answers are considered public data. Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?

- 0-5
- 6-50
- 51-200
- 201-500
- Over 500

2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?

- Woman
- Member of a community of color
- Veteran
- Member of a disability community
- Member of an immigrant community

3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.

- Agriculture, Forestry, Fishing and Hunting (Code 11)
- Mining (Code 21)
- Utilities (Code 22)
- Construction (Code 23)
- Manufacturing (Codes 31-33)
- Wholesale Trade (Code 42)
- Retail Trade (Codes 44-45)
- Transportation and Warehousing (Codes 48-49)
- Information (Code 51)
- Finance and Insurance (Code 52)
- Real Estate Rental and Leasing (Code 53)
- Professional, Scientific, and Technical Services (Code 54)
- Management of Companies and Enterprises (Code 55)
- Administrative and Support and Waste Management and Remediation Services (Code 56)
- Educational Services (Code 61)
- Health Care and Social Assistance (Code 62)
- Arts, Entertainment, and Recreation (Code 71)
- Accommodation and Food Services (Code 72)
- Other Services (except Public Administration) (Code 81)
- Public Administration (Code 92)

4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?

- Full time
- Part time

5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?

- \$0 - \$10,000
- \$10,001 - \$50,000
- \$50,001 - \$250,000
- \$250,001 - \$1M
- Over \$1M



File Numbers

116285110006

1162851100081

9Q-261

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED

6/11/2020 11:59:00 PM

A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State